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Andrews University

School of Education

THE ROLE OF THE ACADEMIC PHYSICAL THERAPY  
DEPARTMENT CHAIR AS PERCEIVED BY  
PHYSICAL THERAPY TEACHING  
FACULTY AND CHAIRS

A Dissertation

Presented in Partial Fulfillment

of the Requirements for the Degree

Doctor of Philosophy

by

Wayne Louis Perry

January 2000

UMI Number: 9968523

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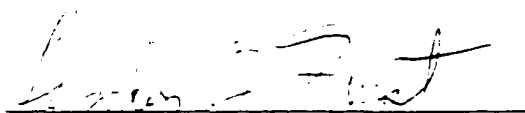
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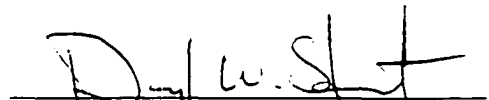
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Date approved

ABSTRACT

THE ROLE OF THE ACADEMIC PHYSICAL THERAPY  
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PHYSICAL THERAPY TEACHING  
FACULTY AND CHAIRS

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Wayne Louis Perry

Chair: Lyndon G. Furst



## ABSTRACT OF GRADUATE STUDENT RESEARCH

Dissertation

Andrews University

School of Education

Title: THE ROLE OF THE ACADEMIC PHYSICAL THERAPY DEPARTMENT  
CHAIR AS PERCEIVED BY PHYSICAL THERAPY TEACHING FACULTY  
AND CHAIRS

Name of researcher: Wayne Louis Perry

Name and degree of faculty chair: Lyndon G. Furst, Ed.D.

Date completed: May 2000

### **Problem**

The purpose of this study was to determine the roles, responsibilities, and characteristics of the physical therapy department chair as perceived by physical therapy unit administrators and teaching faculty in accredited, entry-level physical therapy programs.

### **Method**

The research population consisted of current administrators and teaching faculty who work at least half time in accredited physical therapist education programs. The data

were analyzed utilizing descriptive statistics, chi-square analysis, and ANOVAs with post hoc tests where appropriate.

## **Results**

The results of this study indicate that physical therapy unit administrators tend to be older, more experienced, carry higher rank, and do less clinical practice than teaching faculty. Important roles of the department chair tended to focus on faculty and department administration, whereas least important roles tended to focus on the student. The most important roles selected by administrators and teaching faculty included acting as faculty advocate to higher administration, preparing the physical therapy department budget, evaluating faculty performance to determine tenure and promotions, and monitoring accreditation standards. The least important roles that were common included helping students register, scheduling classes, maintaining accurate student records, and selecting students.

Both administrators and teaching faculty agreed on the five most and least important characteristics of a department chair. The most important were an ability to listen carefully and communicate effectively; an honest and trustworthy character; a creative, responsive, and personal interest in others; and a helpful and supportive concern for others. The results of the survey also suggested that faculty were less concerned whether the department chair followed the advice of others, became angry, was friendly and agreeable, always followed rules and procedures, or had a good sense of humor.

## **Conclusions**

Unit administrators and teaching faculty shared a great deal of unanimity regarding the perceived importance of the roles, responsibilities, and characteristics of the department chair. Gender, years of experience, size of the academic unit, and department chair selection do not affect the views regarding the importance of the department chair roles. Suggestions for further research include an expansion of this study to comprise university-level administrators or to investigate the perceptions of department chair job performance and satisfaction.

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## ACKNOWLEDGMENTS

Completing a doctoral program takes dedication and commitment from many people. I am indebted to Andrews University and other collaborators for their help, contributions, and support. I acknowledge with deep gratitude and appreciation the encouragement and boundless patience of the following people:

First and foremost, my wife Shelly, who has invested her dedication behind my educational efforts. Without her unconditional love and support, all of my educational endeavors would never have been completed.

My children, Jason and Justin, whose caring smiles supported me more than they will ever realize and for whose bright future this effort is dedicated.

Jimmie Loder, who many years ago saw more in me than I thought possible. Her gentle encouragement helped me understand the importance of a good education.

Dr. Lyndon Furst, the chairman of my dissertation committee, and my committee members, Dr. Paul Denton and Dr. Robert Wilkins, for their substantial, individual, and collective efforts to help me better understand how to conduct research.

Dr. Jerome Thayer, my professor in statistics who assisted me in the statistical analysis of this study.

MaryJane Rasnic, for her willingness to embark on the original pilot study for this project, and Adelaide Brackett, for her excellent secretarial assistance.

Dr. Lynn Millar and the rest of my colleagues in the Andrews University,  
Physical Therapy Department in Berrien Springs, Michigan, for working with me and  
allowing me to focus my efforts on this project.

## CHAPTER I

### INTRODUCTION

One of the major elements of an efficient, successful educational department is strong effective leadership. An effective department leader must build a supportive team which can guide the academic unit into the future. In most educational institutions the department is the core academic unit. The frontline administrator in the department is the department chair or director, hereafter referred to as the department chair. Fife (cited in Seagren, Creswell, & Wheeler, 1993) believes that

possibly the most important yet under rated position in a college or university is the department chair-the person in a position to have the most effective influence on the faculty but, for most institutions, the most neglected or least integrated position in the organizational structure. (p. xv)

Like most lower-level managers, both subordinates and superiors place expectations on a department chair that may or may not be realistic. Expectations placed on department chairs by subordinates do not necessarily correspond with the expectations of the department chairs' superiors. Role conflict can occur when the department chairs' expectations do not correspond with the expectations of those around them. According to Seagren et al. (1993) and Lucas (1994), role conflict arises because department chairs

must represent upper administration to faculty, staff and students while at the same time representing faculty, staff, and students to upper administration.

All too often faculty members are put into the department chair's position without advanced training or experience. Brann (1972) suggests that the department chair may be the most complex, ambiguous, and least understood role faced by any administrator in higher education. Seagren et al. (1993) contended that department chairs are not trained to perform effectively. They may have some experience that indicates their potential ability, such as chairing an important committee, but seldom has there been any formal orientation.

The responsibilities of the educational department chair are the broadest functions in college/university structures. No other educational position is designed to include three major roles: faculty member, department leader, and university administrator. As a faculty member, the department chair has the responsibility to publish, teach, and advise students. Most department chairs enjoy the faculty advantages of tenure, fringe benefits, and security. As department leader, the department chair makes unpopular decisions regarding academic matters such as teaching schedules and committee assignments. As administrator, the department chair has access to confidential information not available to the faculty. Because of these varied roles, the department chair must be valued by administration, faculty, students, and the community. Effective department chairs can build strong departments if valued appropriately.

### **Historical Development of Departmental Leadership in American Higher Education**

The roles and responsibilities of the department chair in academic institutions have evolved over time. In order to study current roles and responsibilities of the department chair, the researcher must first have a basic understanding of the historical development of the academic department. American higher education began as small self-contained entities which grew into the more complex organizations we know as the colleges and universities of today. Auclair (1990) pointed out that in the early years of higher education the rector (later named president) was responsible for the unit and the courses taught. He (or she) hired the professors and carried a heavy teaching load him/herself. After the Civil War, higher education in the United States changed as more specialized programs emerged. Graduate programs formed and universities began to concentrate on research. As programs grew, so did the number of students attending universities. More professors were hired to keep pace with the increasing student population.

Auclair (1990) found that, in 1825, Harvard University was one of the earliest schools to implement the concept of well-organized departments controlled by a single responsible head. He stated that this new concept,

in which the undergraduates were to be classified according to proficiency and allowed a limited choice of studies, was met with much opposition from the faculty. As a result, the system was abandoned by all but the department of modern languages. (p. 45)

The early departments were more like what would be termed schools within a college or university today. Auclair (1990) proposed that departments of today began to form when colleges and universities expanded to include new subjects and programs. As the academic unit grew, so did the need to reorganize. Larger units were subdivided into related fields and departments. Under this new structure, deans were appointed to assist the president, and department leaders were appointed to assist the deans.

From as early as 1825, the original department leaders were senior professors usually from within the departments. Auclair (1990) stated that some of the roles and responsibilities assigned to these early leaders were to

see that the instruction in their departments was effectively conducted, make recommendations for new instructors, assist, direct and supervise the professors in the departments, supervise the conduct and achievement of the students, report quarterly to the president and the corporation, and provide semi-annual reports to the overseers. (p. 57)

By the end of the 19th century the responsibilities of the department chair expanded to include scheduling classes, hiring and promoting teachers, managing departmental libraries, purchasing equipment, allocating facilities, and encouraging the corporation to provide financial support. From the more recent past Anderson (1968) described the department in this way:

1. The department possesses the advantages of familiarity, formal simplicity, and a clearly defined hierarchy of authority.
2. The department provides a basis on which faculty members can interact with a minimum of misunderstanding and superfluous effort, and supplies the new faculty

member with a transfer point from which to acquire the professional understanding necessary to adjust to his instruction.

3. The department provides the locus of power to which an instructor can most easily relate himself.

4. The department as a unified group can operate more effectively in the university organization than can individual faculty members. In this sense, the college or university constitute a bureaucracy as well as a community of teachers and scholars.

5. The academician tends traditionally to think of himself as being somewhat eccentric in his professional behavior as compared with the population generally, yet members of the department have learned to accept wide personality differences.

6. The department provides an understandable and workable status system within which the faculty member may orient himself, and it affords the scholar protection from those persons from both within and outside the academic community who demand more, intellectually, from the academician than he is prepared to deliver.

7. The scholar's achievement and promise cannot be appraised wisely except by his professional colleagues within the department.

8. Academic departments form the basic units of the administrative structure with power to initiate most actions that affect the institution. They have the opportunity, and sometimes the exclusive authority, to propose the selection or promotion of faculty members and to suggest changes in conditions affecting the student in the classroom. At the same time, they carry out, properly or inadequately, the policies of the institution (p. 211).

The evolution of department chairs closely parallels the evolution of departments in American higher education. When the individual departments were originally formed, most had only one faculty member. As more faculty joined the department the first faculty member became the senior faculty member. Auclair (1990) described some of the early responsibilities of the senior faculty member at the University of Virginia as the person who decided which courses to offer and which assistant professors would teach. Additional responsibilities for these early department chairs at the University of Virginia included

controlling the number of hours devoted to instruction, conducting and grading exams in committees of three members, directing what honors would be awarded, and determining the requirements for academic and professional degrees. (p. 72)

These senior faculty members later became known as department heads. Auclair (1990) contended that these early department heads were usually scholars or experts in their field of study. As department heads they led their departments with autocratic authority. Early department heads were usually selected and appointed by the college or university president or overseers. Only later was a more democratic process to elect department heads put into practice. Auclair (1990) listed some of the responsibilities of the department head for the University of Vermont as stated in their bylaws in 1916:

1. Selection of departmental library books and equipment and the signing of all requisitions for the same.
2. Recommendations to the Dean or Deans concerned regarding the personnel of the department.
3. Departmental budget advice to the Dean or Deans concerned.
4. Assignment of duties to instructors so far as is consistent with general University and particular college requirements.
5. Official departmental correspondence.



6. Laboratory and apparatus, including the rules and regulations governing their use subject to the orders of the Board, the Council, the Senate and the faculties.
7. Rules and regulations for the use of the departmental library by students, on the advice of departmental colleagues, and subject to the general regulations of the library committee and board.
8. Observance by all department members of the University regulations.
9. Preparation of annual and special reports as demanded. (pp. 94-95)

The history of the change in terminology from department head to department chairperson is not precise. Even today both terms can be found in literature. Harvard College was first to establish the position, having done so prior to 1900. Department chairs were and predominantly still are elected among professors, associate professors, and assistant professors within the department. Usually department chairs serve a limited term ranging from 1 to 7 years depending on the institution's policies. Auclair (1990) found very little difference between department heads and department chairs in the main responsibilities of the job. The difference was in how the job was done. Early department heads usually acted as monarchs of their department whereas department chairs acted as democratic leaders working to guide other members of the department.

### **Statement of the Problem**

Physical therapy education is a relatively young profession. According to the American Physical Therapy Association, the first educational program for reconstruction aides was developed in 1918 at Walter Reed General Hospital. Reconstruction aides were the precursors to our modern-day physical therapists. Murphy (1995) indicated that, in 1927, New York University opened the first 4-year bachelor of science program for

physical therapists. In general, physical therapy programs did not shift from hospitals to universities until the 1950s. The American Physical Therapy Association's section for Education (originally called schools section) did not begin meeting regularly until 1946. The first Doctor of Philosophy program in physical therapy opened at New York University in 1973 and the first professional Doctorate in Physical Therapy program began at Creighton University in Omaha, Nebraska, in 1993.

Physical therapy curriculums must unite broad academic requirements for educational degrees with professional standards for quality health care. As health care has changed over time, so has the physical therapy profession. These professional changes have prompted physical therapy educational institutions to keep current in their teaching. Recent changes include the emergence of "managed care." Health maintenance organizations, preferred provider organizations and a host of other health-care insurance agencies have forced physical therapy educational institutions to reshape their focus. The primary accrediting body for all physical therapy programs, the Commission for Accreditation of Physical Therapy Education (CAPTE), initiates new program requirements to ensure a quality education. Department chairs are typically given the responsibility to implement these changes into the physical therapy curriculum.

The physical therapy profession has undergone many changes during the few short years of its existence. The role of the department chair in physical therapy education has evolved along with the profession. Little formal training has been offered specifically to chairs in physical therapy departments. As with other disciplines the physical therapy department chair has generally been an intermediary between faculty

and administration. The department chair traditionally has been assigned the responsibility of keeping up with and implementing changes in the physical therapy curriculum that reflect the growth of the profession.

A major issue facing all physical therapy department chairs is the shift in the health-care delivery system. Chairs must decide how this shift affects their roles and responsibilities to the students, faculty, university, physical therapy profession, and society. Most physical therapy department chairs did not have a clear understanding of the roles and responsibilities when they accepted the position. Even fewer had an idea of the importance each role carried or the relevance of certain chair characteristics to success.

Perceptions of importance can differ between faculty, chairs, and higher administrators. Role ambiguity occurs when the expectations faculty or administrators have of the department chair do not correspond with the expectations of the chair him/herself. This role ambiguity can lead to anxiety and conflict, thereby producing job stress and burnout. To date, no specific research publications on the roles, responsibilities, or characteristics of department chairs in physical therapy education have been completed. Research is needed to provide new knowledge for this select group.

### **Purpose of the Study**

The primary purpose of this study was to determine the importance of selected roles and responsibilities a physical therapy department chair might perform as perceived by physical therapy unit administrators and teaching faculty in accredited, entry-level

physical therapy programs. The secondary purpose of this study was to determine the importance of selected desirable characteristics of a department chair as perceived by physical therapy unit administrators and teaching faculty. Responses from both groups were compared for similarities and differences. Based on information in the literature and the need for further research in this area, this study proposed to answer the following research questions:

Question 1: What descriptive characteristics are common among academic physical therapy unit administrators in CAPTE-accredited, entry-level physical therapist programs?

Question 2: What descriptive characteristics are common among academic physical therapy teaching faculty in CAPTE-accredited, entry-level physical therapist programs?

Question 3: What are the most and least important roles and responsibilities of the department chair as perceived by physical therapy unit administrators and teaching faculty?

Question 4: Are there any differences between the perceptions of academic physical therapy unit administrators and teaching faculty in the importance of various roles and responsibilities of the physical therapy department chair?

Question 5: Are there any differences between the perceptions of academic physical therapy unit administrators and teaching faculty in the importance of various characteristics of the physical therapy department chair?

### **Significance of the Study**

Many studies have been published on the role of the department chair. Few of these studies have focused on the health sciences and, to date, virtually no substantial examination has been published focusing on the roles and responsibilities of the department chair in physical therapy education.

Physical therapy education is a relatively young profession. Most physical therapy department chairs and program directors have come from the clinical health-care setting and have worked their way up from teachers to department chairs. Few department chairs have had any formal training on how to be successful other than being told they have to work long hours. This role ambiguity can lead to increased anxiety, stress, and burnout. Despite the importance of the department chair to physical therapy education, it has received little research attention.

This study has scholarly significance because it will assist future physical therapy department chairs to define and understand the importance of their unique roles and responsibilities. Department chairs will have greater insight as to their responsibilities to students, faculty, administration, the university, and to the physical therapy profession. It will also help faculty members understand the role of the physical therapy department chair and, thereby, facilitate better cooperation and team building. Some of these faculty members will go on to become department chairs. This study will be helpful to students in physical therapy programs by giving them a practical insight into how the role of the department chair might encompass them.

Each of these groups views the role of the department chair somewhat differently, which could cause conflict. It is hoped that the results of this study will help make everyone more aware of the roles and responsibilities of the physical therapy department chair and, thereby, provide strength to the academic unit.

### **Theoretical Framework**

The theory of role dynamics as presented by Kahn, Wolfe, Quinn, and Snoek (1981) provides the theoretical and supporting framework for this study. Specifically these researchers were concerned with the theoretical model of factors in role ambiguity and conflict. According to this model, role senders have specific perceptions and role expectations of a focal person. If these expectations are not perceived as being met, the role sender experiences objective role conflict and ambiguity. Role senders may then exert pressure (or role forces) on the focal person. These role forces will affect the focal person's immediate experience and, thereby, cause him to react. This reaction is determined by the nature of his/her experience within a given role. Experience includes interpersonal relations, organizational factors, and personality factors. Together these formulate a received role consisting of the perceptions and cognitions causing the focal person to experience role ambiguity. As a result, the focal person may formulate a coping response which will be perceived and evaluated by the role senders, and the cycle may continue (Kahn et al., 1981, pp. 3-35).

Applied to this study, the focal person is the department chair. The role senders are higher level administrators, faculty, peer chairs, students, outside groups, and/or other

members within the department chair's role set. The remainder of this discussion focuses specifically on administrator and faculty role senders; however, all other members could have a similar application. Administrators and faculty have differing perceptions and expectations of a department chair. Both exert direct or indirect pressure on the department chair to meet their needs. Administrators may exert direct pressure by instructing a chair to complete all faculty evaluations within a specific time frame. Faculty might exert direct pressure by verbally refusing to be evaluated. Indirect pressure may include a faculty member's praise of a recent action taken by the chair. Whether direct or indirect, these role pressures are an attempt to influence the department chair toward conformity with the expectation of the role sender. Until these expectations are met, the faculty member or administrator will experience role ambiguity and conflict.

The department chair first receives role pressure into his/her objective and psychological environment along with the perceptions and cognitions of what was sent. The magnitude and direction of the pressure create a role force. Chairs evaluate role force in three ways: organizationally, personally, and interpersonally. In the organizational context, chairs are subject to many conflicting role pressures because their role set includes superiors and subordinates (administrators and faculty). Each group has its own set of goals and objectives. Different personality characteristics of individual administrators and faculty will evoke different responses depending upon the characteristics of the chair. Aggressive, volatile faculty members may exert strong pressure to change their teaching schedule or a rigid department chair may cause his/her faculty to give up trying new ideas. Interpersonal skills such as communication style,

trust, respect, honesty, dependance, and influence ability can affect the chair's response to role force. Once the perception of the role force has been interpreted, the department chair experiences role ambiguity and conflict.

Department chairs must have certain prerequisite information in order to perform their jobs adequately. Role ambiguity results when this information is withheld, is not sent appropriately, or when there is a lack of agreement between the senders. If a department chair is developing a new program while the administration is looking to cut programs without telling department chairs, role ambiguity and conflict may result. If the department chair has been asked by administration to promote research--and no additional funding or release time has been given--the department chair may question the sincerity of the request. Again role ambiguity may result. If the faculty of the department chair exerts pressure to place more emphasis on teaching while the administration has requested a stronger emphasis on service, role ambiguity again results.

Role ambiguity also results when required information is unavailable. The level of role certainty and job satisfaction will improve if needed information is communicated clearly and consistently. If this information is lacking it will cause the chair to experience role ambiguity and conflict (Kahn et al., 1981, p. 25).

Kahn et al.'s theory provides a relevant framework for this study as they sought to explain factors of role ambiguity and conflict. This study attempted to expand Kahn et al.'s theory by identifying differences in importance of specific roles and characteristics as perceived by physical therapy unit administrators and teaching faculty.



### **Definition of Terms**

This study utilized the following definitions:

American Physical Therapy Association (APTA): A national professional organization representing more than 75,000 physical therapists and physical therapist assistants. Its goal is to foster advancement in physical therapy practice, education, and research. The headquarters are located in Alexandria, Virginia.

Commission for Accreditation of Physical Therapy Education (CAPTE): Governing body which accredits all entry-level physical therapist and physical therapist assistant programs in the United States. Students must graduate from a CAPTE-accredited school in order to qualify for the physical therapist or physical therapist assistant licensure exam.

Physical therapist (PT): According to the APTA, physical therapists are health-care professionals who evaluate and treat people with health problems resulting from injury or disease. As clinicians, physical therapists assess joint motion, muscle strength, and endurance, functions of the heart and lungs, and performance of activities required for daily living, among other responsibilities. As participants in the health care delivery system, they assume leadership roles in rehabilitation, injury prevention, health promotion, and professional and community organizations.

Physical therapy academic unit: An administrative division located in a college or university whose entry-level programs are accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) to educate and prepare physical

therapists and physical therapist assistants for professional licensure and to offer advanced physical therapy training to licensed physical therapists.

Entry-level physical therapist program: A CAPTE-accredited physical therapy educational program which trains students to become licensed physical therapists. Currently this training must culminate with at least a bachelor's degree.

Physical therapy unit administrator: A program-level administrator/manager of an academic physical therapy unit. As administrator this person is responsible for the day-to-day operations of the unit and the activities of the physical therapy teaching faculty. He/She is also a senior faculty member who represents faculty interests to higher administration. For the purposes of this study, this person may be titled the physical therapy program director, department chair, or dean.

Physical therapy teaching faculty: A physical therapy unit faculty member who is employed by the college or university to teach physical therapy students. For the purposes of this study, this also includes physical therapy academic coordinators of clinical education.

Academic Coordinator of Clinical Education (ACCE): An individual employed by the physical therapy unit to coordinate and monitor the clinical fieldwork of each physical therapy student. This usually includes regular visits to clinical sites where students are placed.

### **Scope and Delimitations**

The population of interest to this study was department chairs and teaching faculty in accredited entry-level physical therapist education programs in the United States which offer a bachelor's degree or higher. Currently there are 159 CAPTE-accredited physical therapist education programs in the United States. Generalizations to programs other than entry-level physical therapist academic programs should be limited. Generalization to physical therapist academic programs outside the United States should be made with caution. All chairs and teaching faculty who were listed with the Commission for Accreditation of Physical Therapy Education were selected for inclusion in this study. Surveys were recorded from physical therapy unit administrators and teaching faculty who teach entry-level physical therapist students at least one half time. Generalizations should be limited to these populations.

This study focused on the roles, responsibilities, and characteristics of the physical therapy department chair. The concerns of this study centered around the difference in the perceptions of importance that department chairs and teaching faculty placed on items included in the survey. This research was limited to the collection of data using a paper-and-pencil, self-administered survey questionnaire which was dependant upon the participants' willingness and ability to respond accurately.

### **Organization of the Study**

This study is organized into five chapters followed by an appendix and a bibliography.

Chapter 1 includes the following topics: (1) an introduction which looks at the importance of the department chair, (2) a historical view of how the department chair came into being, (3) a statement of the problem, (4) purpose of the study, (5) significance of the study, (6) theoretical framework, (7) definition of terms, (8) scope and delimitations of the study, and (9) organization of the study.

Chapter 2 surveys selected literature relevant to this study pertaining to the role of the department chair as perceived by university/college academic administrators, teaching faculty, and department chairs as well as academic department chairs in the health sciences. Chapter 2 also focuses on role ambiguity and stress as they relate to the chair position and concludes with a chapter summary.

Chapter 3 discusses the methodology that was selected for use in this study. A description of the research design, population, and sample is presented. Also discussed is the instrumentation, data collection, research questions, statistical methodology, and a summary.

Chapter 4 of this study contains a presentation and analysis of the data and an interpretation of the results.

Chapter 5 presents a summary of the study, a discussion of the results, conclusions drawn, and recommendations that could influence further studies.

## CHAPTER II

### REVIEW OF RELATED LITERATURE

#### **Introduction**

Patton (1961) and Ehrle (1975) considered the department chair to be one of the most important positions in all higher educational institutions. Physical therapy academic departments also view the position of the department chair as an important position. The national physical therapy accrediting body, the Commission for Accreditation of Physical Therapy Education (CAPTE), requires that the department chair be a licensed physical therapist. Considering the importance of the department chair, it is not surprising that many studies have analyzed the role of the department chair; unfortunately, no substantial published studies were found which deal specifically with the department chair in physical therapy academic departments. This chapter contains separate but conceptually related areas in literature which contribute to the theoretical and practical perspective of the department chair's role in physical therapy education.

The purpose of this literature review was to present several studies relating to the perceptions of the department chair's role as experienced by administrators, department chairs, and faculty within higher educational institutions and to understand role ambiguity and stress as they relate to the department chair.

### **The Role of the Department Chair as Perceived by Administrators**

Maerten (1991) surveyed 21 deans of education in the state of Alabama. The purpose of his study was to examine what deans expected from each of their departmental heads/chairpersons. Each dean was asked to rank-order 12 functions (roles) in terms of how their department heads should function and how their department heads actually functioned. The 12 functions evaluated from highest to lowest ranking are as follows:

1. Communicator
2. Representor/advocate
3. Planner
4. Decision maker
5. Implementor
6. Motivator
7. Supervisor
8. Advisor/counselor
9. Evaluator
10. Teacher
11. Recruiter
12. Researcher. (p. 169)

Data from the two instruments were analyzed using the Wilcoxon Signed Rank Test. Respondents stated that department chairs differed on how they should function and how they actually functioned in two areas: communicator and motivator.

The respondents were next given a list of 15 characteristics of a department head and asked to select the 3 most and least important or desirable characteristics of a department chair. For this question the data were analyzed by counting the number of characteristics selected. The 5 most important characteristics of the department head in order were as follows:

1. Listens carefully and communicates effectively
2. Honest and trustworthy
3. Is creative and has new ideas
4. Helpful and supportive of others
5. Orderly and efficient. (p. 172)

The middle five characteristics in no particular order were:

6. Is willing to compromise
7. Follows rules and procedures
8. Says what he/she thinks, is frank
9. Does what you want them to
10. Admits errors openly and honestly. (p. 172)

The five least important characteristics of the department head in order were:

11. Good sense of humor
12. Is responsive and takes an interest in you
13. Never becomes angry, stays calm and cool
14. Independent and self reliant
15. Friendly and sociable. (p. 172)

Maerten (1991) found that deans of education in Alabama indicated the most important roles of the department chair were communicator, advocate, and decision maker. The least important were recruiter, researcher, and teacher. Communication was important as both a role and a characteristic. Listens carefully and communicates effectively was selected as the most important characteristic of a department chair. As part of his study it was discovered that the deans rated their department head's communication skills as significantly less than ideal, and the assertion that department heads must look for alternative ways to improve their communication skills with their faculty was made.

Williams (1991) defined the role of the department chair as a key university administrator who must carry out responsibilities such as updating course and curriculum

content, scheduling classes, and chairing department meetings. The department chair is more than just a faculty representative to higher administration. It falls upon the department chair to act as the university's advocate to faculty. Department chairs are the first-line administrators responsible for goal setting, planning, budgeting, and allocating resources. The department chair must be able to put the department interests over his/her own. Chairs who are unable to do this will eventually become ineffective as managers and leaders. As ineffective leaders, department chairs will not be able to solve conflicts effectively as they arise.

In his study of department chairs, Katz (1974) found that successful administrative leaders require three major skills: human relational, conceptual, and technical. Human relations skills are those necessary when chairs interact with their subordinates, peers, and administrators. Conceptual skills are those necessary for goal setting and planning, allocating resources, decision making, and obtaining or dispensing information. Technical skills are the professional expertise skills acquired before the faculty member began teaching, combined with management skills such as budgeting and accounting.

Mintzberg (1973) divided the roles of department chairs into the following behaviors: "peer related, leadership, conflict-resolution, information-related, decision-making, resource allocation, entrepreneurial, introspective, and profession-related" (p. 48).

Through his study of academic literature, Dill (1984) found that academic managers:



1. Perform a great quantity of work at a continual pace
2. Carry out activities characterized by variety, fragmentation and brevity
3. Prefer issues that are current, specific and ad hoc
4. Demonstrate a preference for verbal media (telephone calls, meetings, and brief discussions)
5. Develop informal information systems. (p. 91)

The California State University, Sacramento, personnel manual (1997) describes the department chair as a faculty member who has the function of running the business of his/her department. The department chair is responsible for communicating administrative procedures to the department and department needs to the administration. Some specific responsibilities include supervising the recruitment and evaluation of faculty and staff, encouraging faculty development, updating curriculum, coordinating student advisement, developing faculty workloads and teaching schedules, managing the department budget, assigning committees, implementing student grievance procedures, and facilitating instructional support.

Bennett (1990) states that chairs are key constituents for deans. Effective chairs can provide campus goals, have sound decision-making skills, and accomplish objectives with creativity and resourcefulness. Chairs and deans should work together in faculty evaluation, budget, communication, curricular innovation, admissions and marketing, maintaining a united front, and department-wide evaluation. Collaboration between the dean and the department chair leads to more effective academic units (pp. 24-25).

### **The Role of the Department Chair as Perceived by Teaching Faculty**

Gordon, Stockard, and Williford (1991) randomly surveyed 200 faculty members from colleges and universities throughout the United States. The purpose of their study was to determine if there were differences in perceived current functioning compared to the ideal function of departmental chairpersons in schools of education. The same 12 functions (roles) evaluated by Maerten (1991) were utilized on a single-page questionnaire. Faculty members ranked the 12 department chair characteristics as they were related to their chairs' current and ideal function. Additional demographic data collected included department size and number of years in higher education. Data were analyzed utilizing mean values for each response, a sign rank test to determine statistical differences between current and ideal functions, and an ANOVA to evaluate responses based upon department size and number of years in higher education.

Gordon et al. (1991) found 8 of the 12 functions (roles) to be significantly different in current practice compared to ideal function. A two-way ANOVA based upon the size of the university and the number of years in higher education indicated that there were only two instances where the size of the department produced different responses. The findings of this study raise the question: Do chairpersons act in accordance to how their faculty would like them to act?

Neuman and Boris (1978) conducted a study of 843 faculty members holding the rank of assistant, associate, and full professors in order to examine the leadership style of department chairs. Department chair roles were divided into two activity groups.

People-oriented activities included personnel functions such as recruiting and hiring, passing department requests to upper administration, student affairs, and fund raising from external sources. Task-oriented activities included passing administrative decisions down to the department, managing department budget and finance, and supervising routine administrative details. Each of these roles was analyzed utilizing an effectiveness scale by factor analysis. The results indicated that changing the leadership style alone will not improve the effectiveness of the department.

Hoyt and Spangler (1979) examined 15 department chair responsibilities in a study of faculty members and department chairs from 103 departments at four universities. All subjects were asked to rate the importance of each of the 15 responsibilities from 1 (not important) to 5 (essential). Faculty were also asked to rate their chair's performance in each responsibility on a separate scale from 1 (poor) to 5 (outstanding) over the last 12 months. Through factor analysis three factors developed for these responsibilities. These three factors were labeled personnel management, departmental planning and development, and building the department's reputation.

Knight and Holen's (1985) study of 5,830 faculty from 65 higher educational institutions examined the relationship between department leadership and the perception of their chairs' performance on the same 15 department chair responsibilities. Department leadership of the chairs was defined as initiating structure and consideration. Responsibilities examined included assessing faculty performance, rewarding faculty contributions, developing a sound organizational plan, allocating faculty responsibilities, recruiting faculty, fostering good teaching and faculty development, stimulating research

and scholarly activity, developing the curriculum, maintaining faculty morale, communicating expectations of administration to the faculty, communicating department needs to administration, facilitating external grants and contracts, improving department image, and encouraging a departmental balance of specialization among faculty. The conclusion of this study was that effective department chairs were those who rated high on both initiating structure and consideration on all of the above responsibilities. A high rating was also strongly associated with a high performance.

### **The Role of the Department Chair as Perceived by Department Chairs**

McLaughlin, Montgomery, and Malpass (1975) surveyed department chairpersons in 32 state universities that awarded the Ph.D. degree. There were 1,198 respondents who completed and returned a 74-item questionnaire. The purpose of the study was "to examine some characteristics, roles, goals, and satisfactions of department chairmen" (p. 244).

Participants in this study were given a list of tasks (roles) and asked to record how much of their time was spent on each on a scale from 1 (none) to 5 (5 or more hours/week). Respondents rated their enjoyment of each task on a scale from 1 (one of 5 least enjoyable) to 3 (one of 5 most enjoyable). Satisfaction was measured as 1 (very satisfied) to 5 (very dissatisfied). Emphasis on each task was measured as 1 (little or none at all) to 5 (a very great deal).

Data were examined using a correlational analysis to relate the demand of the chairperson's tasks to their enjoyment, the amount of emphasis placed on the various

goals, and the amount of satisfaction with opportunities that arose to chairmen compared to those that arose to faculty members. Demographic variables included gender, years served as faculty, years served as chairman, academic rank, number of faculty members in the department, and degrees offered by the department.

The major findings of the study were the categorization of the roles of the department chairs into three main groups through factor analysis: academic, administrative, and leadership. Tasks within each role included the following:

**Academic duties:**

1. Teaching students
2. Advising students
3. Graduate research activities.

**Administrative tasks:**

1. Interacting with administration on behalf of the department
2. Representing the department in the appropriate professional meetings
3. Planning and holding departmental meetings
4. Providing for the flow of information to the faculty
5. Participating in committee work within the college and university
6. Assigning courses, research, and departmental duties to faculty
7. Coordinating activities with outside groups
8. Managing of the clerical and technical staff
9. Preparing and presenting of proposed budgets
10. Administering the department budget and other financial resources

11. Managing physical facilities and equipment
12. Assuring the maintenance of accurate student records.

Leadership tasks:

1. Encouraging the professional development of faculty members
2. Providing informational faculty leadership
3. Recruiting and selecting faculty
4. Evaluating faculty performance to determine tenure, raises, and promotions
5. Encouraging faculty research and publications
6. Maintaining morale and reducing conflicts
7. Developing and initiating long-range programs, plans, and goals for the

department

8. Planning and reviewing the curriculum, academic programs, and course

content

9. Listening to and encouraging ideas to improve the department (pp. 247-255).

Chairmen enjoyed the academic role but were frustrated by the lack of available time. The administrative role took the most time and had the least desirable activities. The most important were the leadership roles. Among these, developing abilities of the faculty members and maintaining academic freedom ranked highest.

In a study of 800 department chairs in 100 research and doctoral-granting institutions, the Center for the Study of the Department Chair (1992) identified four broad roles of the department chair: leader, scholar, faculty developer, and manager. Activities of a leader included planning and evaluating curriculum, chairing department meetings,

looking for ways to improve the department, communicating outside concerns to the faculty, committee-work, representing the department to others, and coordinating departmental activities.

Scholar activities included personal research, remaining current with their profession, and selecting and supervising their graduate assistants. Activities in faculty development included encouraging professional development of faculty, developing long-range program goals, maintaining department morale, faculty evaluation, and faculty selection. Activities of the manager included the custodial activities of the department such as administering the department budget, managing the department resources, maintaining academic records, managing clerical staff, and assigning faculty work.

Berkeley, Greenberg, and Kielinen (1998) generated a two-dimensional framework of roles, responsibilities, and functions in a study completed at Towson University. The two dimensions are the department chair's faculty (or role) orientation and his or her administrative (or responsibilities) orientation. The faculty orientation included leadership, teaching, scholarship, and service roles. The administrative orientation included management, evaluation, advocacy and communication, governance, and operations. Twenty-five core functions of a department chair were identified and placed in this two-dimensional grid. These functions included communicate mission, accomplish goals, advocate for department, represent the department, resolve conflict, manage resources, do strategic planning, motivate and mentor faculty, evaluate faculty, develop policy, schedule classes, coordinate curriculum, monitor student learning and advisement, engage in institutional service, conduct professional service, enhance image,

foster entrepreneurial activities, and foster a positive environment. It was concluded that the chairs should pick functions from the grid in areas that need to be improved and focus on over a year's time. They asserted that the grid can help the department chair produce outcomes that can be beneficial to the department and to the chair.

Jennerich (1981) conducted an investigation of the department chair's role as perceived by department chairs from 4-year colleges and universities across the United States. He sent a questionnaire of 14 role functions to 300 chairs. This study found six specific competencies that all chairs consistently specified as necessary for their job. These skills were character/integrity, leadership ability, interpersonal skills, and the ability to communicate effectively, make decisions, and organize his/her surroundings. Another finding of this study was that 58% of the respondents recommended some form of formal management training for department chairs. Seventy-one percent of chairs who received management training recommended it for all department chairs.

In 1991, Meredith and Wunsch investigated the time and resource management, rewards, frustrations, and job satisfaction of 109 department chairs within the University of Hawaii, Manoa. They found that chairs spent most of their time on paperwork, such as reports and budgets, and departmental affairs, such as committees and professional interaction with colleagues. Chairs spent less time on research, reading, study, and social interaction with colleagues.

On rewards and incentives it was found that chairs placed more importance on opportunities to have an impact on others, personal challenges to excel, and interaction with colleagues and students. Sources of problems or frustrations were lack of financial



support for programs, and faculty and staff recruitment. The authors concluded that the chair's role will become more complex, time consuming, and require additional skills than those acquired by normal academic training.

Cresswell and Brown (1992) studied the specific roles of the department chair surrounding the enhancement of faculty research. As a result of their interviews with 33 department chairs, they developed a list of roles a department chair performs to encourage faculty research. Chairs should provide resources and opportunities, adjust work assignments, mentor, encourage, challenge, collaborate with, and advocate for the faculty member. The authors concluded that modeling research plays a significant role in improving faculty research productivity.

Carroll and Gmelch (1992b) conducted a study to determine the relationship between the roles of department chairs and the relative importance chairs place on these roles. The results obtained from 539 department chairs showed that greater than 75% chose 10 roles as highly important. The researchers determined highly important to be selecting "4" or "5" on a 1-5 Likert scale by 75% or more of the department chairs. These roles included recruit and select faculty, represent department to administration, evaluate faculty performance, encourage faculty research and publication, maintain a conducive work climate, manage department resources, encourage faculty development, develop long-range goals, provide informal faculty leadership, and remain current within the academic discipline.

A secondary purpose of the study was to investigate the importance of these roles by specific chair demographics. Chairs were grouped by discipline, gender,

faculty/administrative orientation, and selection of the department chair. Discipline was divided into soft and hard, based on Biglin's (1973) criteria. Hard-discipline chairs valued developing long-range goals, representing the department to administration, and managing department resources significantly more than did soft-discipline chairs. Female chairs indicated that encouraging faculty research and publication and encouraging faculty development were significantly more important than did males. Three divisions were made for faculty/administrative orientation: faculty member, administrator, and both equally. Chairs who selected both equally indicated that recruiting and selecting faculty, managing department resources, and encouraging faculty research and publication were significantly more important than chairs who considered themselves a faculty member. Faculty member chairs indicated that remaining current with academic discipline was significantly more important than did chairs who considered themselves to be both. There were no significant differences based on selection of the department chair.

Carroll and Gmelch (1992a) conducted a study in Research I and II and Doctorate Granting I and II educational institutions. They asked 800 department chairs from the institutions to indicate how effective they felt their performance was in each of 26 department chair duties on a scale from 1 (low) to 5 (high). The 26 duties were divided into four main roles through principal components analysis with Varimax rotation. The four roles were leader, scholar, faculty developer, and manager. Chairs were grouped into these roles by a weighted factor mean of those who reported high effectiveness in each of the four roles.

Department chairs in this study were also grouped by demographic characteristics and examined for significant differences through an analysis of variance. Variables utilized for grouping included personal characteristics such as age, gender, ethnicity, motivation to serve as chair, and whether the chair would accept a higher position. Some of the organizational variables studied were whether the department chair was hired internally or externally to the institution, who hired the department chair, faculty size, faculty age, and number of support staff. Some of the positional characteristics included discipline, rank, and number of years served as chair. Chairs were also grouped by behavioral outcomes such as role ambiguity and conflict, job satisfaction, occupational stress, and personal academic productivity. The analysis revealed that significant differences were found between groups in several areas: motivation to serve as chair, whether the chair would serve again, clerical help, number of years of service, job satisfaction, role ambiguity, role conflict, stress, and academic productivity. There were no differences between groups when analyzed by age, gender, ethnicity, academic rank, marital status, department chair selection, faculty size, and years of service. The authors concluded that the types of chairs are more complex than the types listed and that their study shows a useable taxonomy of department chair roles with some characteristics and demographics of chairs who felt that they are effective in those roles.

Bragg (1981) conducted an investigation of the department chair's role as perceived by chairs in nine colleges within a single complex university. He interviewed 39 chairs of departments that ranged from 4 to 65 members in size. A typical department

chair was 46 years old, male, a full professor, and had held his terminal degree for the past 15 years.

Based upon the interview, the author developed a taxonomy of the following four role orientations of department chairs: faculty, external, program, and management. Faculty-oriented department chairs are concerned with recruiting, developing, evaluating, and facilitating departmental faculty, faculty morale, and reducing interdepartmental conflict. Major goals included improving faculty quality, increasing research opportunities, and reducing faculty conflict. Major sources of stress included a lack of time to conduct personal research, faculty hiring, promotion, and tenure. They also felt it was important for the department chair to be involved in outside professional associations.

External-oriented chairs indicated their primary responsibilities as representors of the department, negotiators, and grantsmen. Their major goals were to increase the number of grants, departmental space and equipment, and to improve the department's image. Major sources of stress included the availability of research funding and low research production. Chairs indicated that they should be involved in professional associations to procure external funding for the department.

Program-oriented chairs indicated that their primary function was program development and their goal was to improve productivity by increasing the number of students and credit hours and by modernizing the program. Causes of stress for program-oriented chairs included a lack of funding for faculty and equipment and university

bureaucracy causing slow curriculum approval. These chairs felt it was important to be in university governance.

Management-oriented chairs indicated that their primary functions were to procure and allocate departmental resources and effectively run the department. Their major goal was to make the department more efficient and productive, to improve morale, and to increase department prestige. Management-oriented chairs also indicated that it was important for the chair to be involved with university governance.

Another finding of this study was that most department chairs were not given adequate direction at the time of hiring by the dean. Ninety-two percent indicated that no direction was given from the search committee or department faculty. Further, 82% indicated that no formal orientation of any kind was offered after they took the job other than to be given a policy manual to read, and 75% had no formal annual evaluation. Most department chairs maintained a positive self-image by self-evaluation of areas in which they excelled.

In conclusion, Bragg (1981) suggested that institutional expectations for the department chair need to be clarified. Deans and search committees need to identify the best-suited person for the needs of the department. There should be an exchange of information between the dean, department faculty, and the candidate during the hiring process. Chairs should be given an orientation to their new role and a senior chair should be assigned to mentor new chairs. On-campus workshops for chairs should be conducted and a system of formal, annual evaluations implemented. The author asserted that these

steps can help reduce role ambiguity and thereby improve the performance of the department chair.

### **Other Studies Relating to the Role of the Department Chair**

The department chair is a combination of departmental den mother, queen bee, and choir director. The chair can move the department in a particular direction by selecting and rewarding faculty and staff who agree with his/her image of the department. Chairs also have influence over the students who will be accepted into the majors. They can encourage or discourage, and offer or withhold help from individual faculty. Department chairs give staff assignments and allocate departmental opportunities. They influence salary decisions, assign desirable courses, and decide who gets which research opportunities. Department chairs are the finance officer of the department. They make decisions on research funding, equipment purchases, maintenance, and payroll. Since these roles are crucial to the makeup of the department, great care should be taken in the selection of the department chair (Patton, 1961).

Both Williams (1991) and Altman (1999) asserted that the department head should act as a mentor to the faculty. New faculty members need the guidance of more seasoned faculty. If led in the right direction, new faculty can have a positive experience in education which includes placing a high value on teaching and research. More experienced department chairs should be involved in mentoring these new faculty to become professionally active participants in the educational community.

How the department chair is chosen may play a significant role in the management style of the chair. Williams (1991) cautioned that if the department chair is appointed, the department chair's loyalty may be to the dean. His or her focus may be to assist administration by managing the department. If the department chair is elected by the faculty, the chair's loyalty may be with the faculty who elected him/her. In matters of conflict, the elected chair is more likely to side with the faculty. The author suggested that an "appointment by the dean, in consultation with the faculty and sanctioned by the central administration, is the preferred method of selecting department heads" (p. 167).

Several researchers have tried to group department chair roles, functions, and responsibilities into two categories. Cartwright and Zander (1953) referred to these groups as goal achievement and group maintenance. Etzioni (1961) described them as instrumental and expressive. Blake and Mouton (1964) spoke of them as concern for production and concern for people. Neuman and Boris (1978) described them as task and people activities, and Knight and Holen (1985) referred to them as initiating structure and consideration.

Welch (1996) suggested that the department chair has three major roles: academic, manager, and leader. Most chairs begin their educational career as faculty members and continue teaching as they take on the responsibility of the department chair. It is in this role that department chairs act as mentor or role model to other faculty. As a manager the department chair schedules classes, updates course and curriculum content, manages faculty and staff, and administers the budget. Many department chairs discover that the manager role consumes more time than originally expected and may involve

additional training to function successfully. The role of the chair as leader involves maintaining department morale, long-range goal setting, planning, and responding to university and outside challenges.

The researcher cautioned that chairs may suffer from burnout if the time spent on the management role overwhelms the time spent on academics and leadership. The reason why a faculty member went into education may be buried in paperwork. To prevent this, it was proposed that chairs step back to examine why they took the position, evaluate if the university commitment to the chair is satisfactory, and develop an action plan for renewal and change.

In their study of the department chair, O'Neal, Simplicio, and Martin (1996) found that the department chairs who were untenured must be supportive of their faculty colleagues and also remain critical of poor performance. This may be difficult if the department chair needs support during his/her tenure review process. Like other chairs in today's climate, untenured chairs must also allocate dwindling resources and find ways to appropriately reward deserving faculty. The department chair must find a balance between representing the interests of administration while protecting the interests of the department. It was concluded that untenured chairs can be just as successful as tenured chairs in all of their departmental roles.

Cresswell (1989) and Altman (1999) asserted that one of the major roles of the department chair is faculty developer. Department chairs need to be actively involved with faculty development. Activities and policies within the department should reward faculty development. Chairs should personally initiate growth opportunities for faculty.



Wildavsky (1992) extended this notion by stating that the most important responsibility of a department is a shared sense of excellence in teaching and research. Department chairs need to mentor a sense of common purpose with all faculty, both individually and collectively.

Carmichael and Malague (1996) reported that department chairs are seen as problem solvers by both students and faculty. Yet all too often department chairs have not had any formal training in conflict management or mediation. It is through trial and error that chairs learn this necessary skill.

### **Academic Department Chairs and the Health Sciences**

Educational programs in the health sciences tend to be somewhat different than traditional educational programs. Students are accepted as a group and remain together until they graduate. In most programs students take the same courses at the same time. Students not accepted into the program are usually disqualified from taking these "block" classes. Most health-care educators have been trained as care providers and have secondarily entered the academic environment after achieving some type of specialty in their profession. Research related to the role of the department chair in the health sciences is very limited and, to date, no substantial research related to physical therapy educational department chair roles is available.

In 1994, Kippenbrock, Fisher, and Huster conducted a study of the department chair roles in *graduate nursing administration* departments throughout the United States. A survey instrument consisting of role characteristics, role preparation, job satisfaction,

and succession planning was sent to 99 department chairs. Respondents were asked to rate their role activities, academic preparation, experiences, successor's necessary experience, and role satisfaction level on a 7-point continuum from none or completely dissatisfied (1) to extensive or completely satisfied (7). Demographic results of the study showed that 96% of the department chairs were female with one-half between the ages of 51 and 60. Chairs had been in the position from 1 to 14 years with an average of approximately 4 years. Ninety percent were tenured, and all but one held the doctorate as their terminal degree.

Out of a list of 20 roles provided, this study found that the five most frequently mentioned roles of nursing administration department chairs were academic program planning, planning course offering, ensuring academic standards, determining overall goals, and course scheduling. The five least frequently mentioned roles were negotiating salaries, obtaining research funding, formulating budgets, allocating facilities, and assigning graduate assistants.

The researchers also found that the nursing administration department chairs were the most satisfied with their role as a teacher and with the support of the dean or director. They were more satisfied with their roles as supervisor or researcher and with their workload as the chair. Two-thirds did not know when they expected to leave the department chair position, while 25% expected to leave within 2 years. Reasons for leaving included being tired of the job, lack of administrative support, inability to meet department goals, heavy workload, and not enough time for research.

Another relevant finding was that nursing administration chairs indicated their preparation for becoming chair was less than average in areas of strategic planning, personal decisions, budget, supervision of faculty and staff, fund-raising, grant writing, dissertation and thesis directing, curriculum development, accreditation visits, and advising students. Chairs also indicated that their successor should have extensive training in all these areas except fund-raising.

The study concluded that nursing administration chairs see their main role in the area of academic planning such as influencing academic programs and course scheduling. Chairs saw their role as evolving with more decisions being made at the department level. This trend will require more skills in areas such as controlling human resources and finance.

Kirkpatrick (1994) looked at the role of the department chair as it applied to nursing education in general. He stated that nursing department chairs may spend from 50 to 60% of their time in administration and 20% in each of teaching and research. Chairs are usually chosen from faculty who have clinical and teaching expertise but little leadership training. A typical nursing chair is a female at 40 years of age with 10 years of teaching experience. The chair usually held a doctorate degree, was assigned the rank of professor, and had no prior administrative experience.

The researcher pointed out that "in schools of nursing, leadership skills are often the result of personality attributes rather than conceptual, business and managerial skills" (p. 79). Visionary chairs can persuade faculty to work toward institutional and

individual goals and create supportive climates. Faculty in nursing programs support chairs who lead through shared governance.

Three of the more challenging roles of the nursing department chair included relationship building, productivity and development, and scholarly development. Relationship building included activities such as assigning faculty workloads; public relations; conflict mediation; morale building; advocating for faculty; negotiating, appraising problems; dealing with promotion, tenure, and raises; and maintaining a balance between wants and needs. Productivity and development included activities such as empowering faculty, promoting excellence in teaching through improved technology and teaching strategy, building a tolerance for disadvantaged learners, and matching student learning styles with faculty teaching styles. Chairs also need to mentor new faculty and support the professional development of faculty and staff. Finally, the chair's role in scholarly development is both to model scholarly activity and to encourage and support faculty in their research endeavors (Kirkpatrick, 1994).

Green, Murata, Lynch, and Puffer (1991) conducted a study of 106 chairmen of academic family medicine departments in the United States. The chairs were asked to rate their level of satisfaction with particular department chair roles on a scale from 1 (completely satisfied) to 7 (completely dissatisfied). The results indicated that administrative responsibilities accounted for the greatest portion of the family medicine chair's time allowing for only a small amount of time for research. Over half of the chairs planned to leave their position within the next 5 years citing job dissatisfaction as the most common reason.

Several roles were considered to be essential for family medicine chairs. These included program planning, personnel and budget decisions, supervising faculty and staff, clinical care, teaching, and committee work. The least essential roles of the chair were conducting research, fund-raising, and clinical practice management. Family medicine chairs viewed managerial training and experience as more important than research skills for their replacement.

Selker and Vogt (1982) studied the perceived goal emphasis and time spent on academic, administrative, and leadership roles of 117 allied health chairpersons in 4-year schools. In this study, male and female chairs were compared and contrasted. Male chairs averaged 48 years of age with 15 years of teaching experience. Males more often held a doctorate degree, were assigned the rank of professor, and worked in departments where the master's degree was the highest degree offered. Female chairs averaged 43 years of age with 9 years of teaching experience. Females more often held a master's degree, were assigned the rank of associate professor, and worked in departments where the bachelor's degree was the highest degree offered.

In terms of roles, female chairs placed a slightly greater importance on the development and maintenance of a favorable organizational climate and promotion of academic freedom. Women also spent more time working on goals related to graduate study and research; however, males placed significantly more emphasis on them. Males spent more time on administrative duties relating to budget. Both groups were equally concerned with enrollments, grantsmanship, and providing services to other organizations. Both groups also spent similar amounts of time in planning, representing

the department to other groups, encouraging faculty development, maintaining a favorable environment in the department, maintaining external communication, recruiting and selecting graduate students and research assistants, evaluating faculty performance, assigning faculty workloads, planning and reviewing the curriculum and course content, and obtaining grants, gifts, and contracts. The authors concluded that these results indicate that once women attain leadership positions, they are just as effective as men. More women should be encouraged and mentored into leadership positions.

Selker, Rozier, and Vogt (1983) sent questionnaires to 250 chairs of allied health programs in 4-year educational institutions. As part of their study, the authors found that the typical allied health department averaged 9 or 10 faculty members teaching in predominately master's degree programs. The typical chairperson was a male at 46 years of age with just over 5 years of experience as chair and 13 years as a faculty member. In most cases the chair held a doctorate degree, was assigned the rank of professor, and was tenured.

Unlike McLaughlin et al.'s (1975) study reported earlier, Selker et al. (1983) found that allied health chairs were more comfortable with discrete decision-making roles and became more dissatisfied when the locus of decision-making moved away from them. The authors asserted that this is because most allied health chairs had spent several years in clinical positions where participatory decision-making is less evident. These chairs are more comfortable with clear decision-making powers based on their clinical experience.

As part of her investigation of academic leadership in physical therapy education, Johnson (1998) developed a list of roles or challenges. Paraphrased, these roles include:

1. Interact effectively with decision makers.
2. Present and defend plans for the academic program.
3. Represent the program as spokesperson.
4. Participate in the management and administration of the academy.
5. Be a leader in curriculum design, development, and evaluation.
6. Contribute time to faculty development, learners, committees, the community and the profession.
7. Advise and support faculty, staff, learners, and colleagues.
8. Ensure a common interpretation of the institutional mission and philosophy.
9. Build consensus among faculty.
10. Represent the academic unit to others.
11. Recruit and select faculty.
12. Encourage the development of faculty.
13. Establish unit guidelines that meet individual and institutional needs.
14. Establish and maintain an atmosphere of trust, respect, and cooperation.
15. Share appropriate information with faculty, staff, and students.
16. Protect relationships while accepting criticism.
17. Give beneficial criticism to faculty staff and students.
18. Allocate resources fairly.
19. Terminate faculty and staff when appropriate (p. 29).

The author further submitted that the department chair position can be rewarding if handled correctly. Department graduates will make contributions to the profession and acknowledge the department as helping them establish growth in their lives. Graduates will also support the activities of the program through finances, services, clinical internships, and teaching.

### **Ambiguity and Stress in the Department Chair Role**

Role ambiguity can be described as a person's lack of understanding about the rights, privileges, and obligations of a job. Kahn et al. (1981) asserted that role ambiguity is often the untended result of factors that are mostly beyond the control of any organizational member. Whether intended or unintended, information flow is restricted to varying degrees. This restriction causes organizational members to have incomplete or inaccurate perceptions of their responsibilities. Role ambiguity can be described as growing out of problems in generating adequate and dependable information about which roles concern people in the organization. Role stress results when a person receives incompatible messages regarding appropriate role behavior.

In Kahn et al.'s (1981) theory of role dynamics, role senders (administrators, teaching faculty, and other members of the role set) have expectations of a focal person (department chair) which are based on their perceptions of the focal person's responsibilities. The role senders will experience stress and, thereby, exert pressure on the focal person to conform to these perceptions. The focal person receives the pressure and evaluates it based on personality and organizational factors, as well as their



interpersonal relations with others. At this point the focal person may experience role ambiguity and psychological stress. He/she may alter his/her perceptions of the role and the role senders. In either case, a response is formed along with a coping mechanism for future pressures. This response will be evaluated by the role senders who may alter their perceptions and the cycle will continue.

Bennett (1982) asserted that department chairs experience role ambiguity and stress because they are neither a pure faculty member nor administrator, but are expected to do both. One solution is to work on improving the communication flow within the department chair's role set to gain a clear understanding of the roles and responsibilities department chairs should perform.

In a study of his own university, President Thompson (1996) found that there was much ambiguity and confusion around the roles that department chairs perform. This confusion can create unwanted stress within the academic unit. In his opinion, good department chairs are involved in activities such as planning, maintaining departmental autonomy, resource allocation, budgets, increasing enrollment by scheduling classes and promoting majors, communicating effectively, anticipating problems, and building a strong faculty. Thompson (1996) further stated that many department chairs are selected and promoted based on their teaching or research ability instead of their management or leadership ability. To avoid this confusion, Thompson felt that educational institutions should develop current job descriptions outlining the major functions of the chair along with the procedures for evaluation and termination. He, along with Bennett (1990),

suggested that new chairs should be mentored by established chairs and that in-house training sessions be conducted on an annual basis.

Gmelch (1991) and Gmelch and Burns (1993) examined the department chair role and its relationship to job stress. Survey questionnaires were sent to 808 department chairs from 101 doctoral-granting research universities. Department chairs were asked to record the amount of stress each of 22 chair-related items caused on a scale from 1 (light stress) to 5 (excessive pressure). Together, four and five were considered serious stress.

Of the respondents, 59% of the chairs indicated that having a heavy workload caused serious job stress. Less serious job stressors included

obtaining program or financial approval, keeping current in the chairs discipline, complying with institutional rules, interference with personal time, making decisions which affect others, resolving collegial differences, evaluating faculty performance, completing paperwork on time, preparing presentations and manuscripts, telephone/visitor interruptions, and meetings. (p. 262)

The authors suggested that these stressors fit into four major themes: time pressures, confrontation with colleagues, organizational constraints, and regular faculty pressures. This study reconfirms the implications that chairs suffer from the dual pressures of being both a department chair and a faculty member and that communication about the role of the department chair is necessary.

Based on these findings, it was suggested that steps be taken to reduce the amount of stress in the department chair position. A suggestion offered was to restructure the position to include a research assistant who would conduct university reports and reduce the amount of paperwork by eliminating reports that are rarely read. Other suggestions

were for the department chair to have uninterrupted time blocks, maintain another office for quiet time, establish a research team to aid in department chair research, and to negotiate occasional sabbaticals to retain currency in the discipline. The authors agreed with Mitchell (1987) in that the university needs to establish a training program to prepare department chairs for leadership and management.

In their study of 800 department chairs, Gmelch and Gates (1995) examined the relationship of personal, positional, and organizational variables to department chair job stress. Personal variables included information such as age, gender, years of service, rank, and whether the department chair was hired from inside or outside of the institution. Positional variables included role ambiguity, role conflict, role satisfaction, intrinsic versus extrinsic reasons for accepting the position, and perceived level of performance. Organizational variables included size of the faculty and department chair rating of the institution and department. A chair stress index which contained 43 stressors was utilized to measure department chair stress.

Demographic characteristics of this study were that the mean age of chairs was 50.38 years with 88% being males. Over three fourths (78.8%) held the rank of full professor and the average length of time as chair was 6 years. Seventy-five percent of the chairs were promoted to the position from inside the institution.

The results of this study found no significance in stress factors when grouped by age, years of experience, or gender. The authors noted that department chair stress is more related to the position than the person. When comparing positional variables to department chair stress, this study found that chairs who accept the position for intrinsic

reasons, such as personal development or to gain more control of their environment, experienced more job stress. Organizationally this study found that the higher perceived rating of the academic institution, the less stress indicated between the dean and department chair.

Based on these results, it was recommended that the many roles assigned to the department chair be redesigned to reduce job stress. Chairs must have a more efficient work environment. Paperwork, telephone calls, and walk-ins can be screened by an assistant to facilitate uninterrupted blocks of time. Dictaphones or electronic mail can speed productivity. Chairs need to separate administrative work from scholarly work, and both of these from their personal lives. They must manage their activities by focusing on what is important. They should also develop a commitment to the community and profession, see problems as opportunities, identity and impact events under their control, and remember to seek humor in the situation. Finally, Gmelch and Gates (1995) agreed with Gmelch and Burns (1993) in that chairs should negotiate sabbaticals to regain currency in their professional discipline.

Hoffman, Schulte, Smith, and Starr (1996) focused their attention on role confusion and strain created by most department chair positions in higher education. Department chairs must be both peers and administrators of their faculty. Role confusion and stress occur when the expectations of one role are incompatible or conflict with the expectations of another role (Bennett, 1982). Further, role conflict may cause chairs to be torn between conflicting expectations to which they must respond.

The position of the chair between the department faculty and higher administration causes many role conflicts. The chair must be an advocate of the faculty to administration while at the same time support the administration's point of view to the faculty. They must mediate conflict between administrators and department faculty (and students). As managers, chairs must evaluate faculty, students, and programs. Finally, they must be marketing and public relations experts for their departments. Examples of role conflict include the following: in the role of budgeting the department chair represents the interest of the department while trying to satisfy the constraints of the university. During the construction of course schedules, the department chair tries to satisfy the needs of the students with the schedule preferences of the faculty.

Several strategies were recommended to assist department chairs in coping with these conflicts. Department chairs should develop a network of chairs as a source of support. They should not make spot decisions, but should elicit input from faculty, leave a paper trail to cover themselves, perform and share constructive evaluations with faculty, and, most importantly, leave department problems at the office.

Hubbell and Homer (1997) investigated the contradictory roles of department chairs and how they allocate resources among faculty members while maintaining collegiality. The researchers interviewed 23 current and former academic department chairs as to their decision-making criteria in specific conflicting roles.

While allocating resources, four management styles of the department chairs were observed: burnout, rational strategist, rogue, and appeaser. The burnout chair is generally unavailable to faculty especially when resources must be allocated. He or she would

rather not have the resources than deal with competing faculty. Rational chairs develop a rational strategy to allocate resources to faculty. They develop objective criteria for resource allocation. The rogue allocates resources as rewards and punishments. This may be effective in a hopelessly divided department. The most common style of chair, the appeaser, strives to maintain a harmonious balance within the department. Less emphasis is placed on rational standards and more on the individual needs of each faculty member.

Academic department chairs in the health sciences are not immune to role conflict. Schaffer (1987) studied actual and perceived role conflict in chairpersons of occupational and physical therapy educational departments in Canadian universities. The researcher interviewed 13 chairpersons and surveyed eight deans and 65 department faculty. He found that 77% of the chairs were faced with role conflict related to expectations of importance of responsibilities and 92% faced conflict related to expectation of time expenditure.

Miller (1982) conducted a study of 32 deans, 38 chairpersons, and 127 faculty in occupational therapy programs throughout the United States. The purpose of the study was to identify role expectations and possible conflicts arising from differences in perceptions of importance in the department chair roles. The authors identified 87 different department chair roles. Respondents were asked to indicate the observed and ideal importance the department chair gave to each role.

Respondents indicated that the chair should emphasize planning, fiscal responsibility, and leadership. In actual practice the chairs were perceived to emphasize

(in order) curriculum, evaluation, fiscal responsibility, and planning. All groups perceived that evaluation and student-related tasks were least important. In practice, the groups felt the chair placed least importance on faculty development and extra-departmental communication. This role ambiguity shows potential for conflict between the department chair and his/her role set. Communication becomes especially important in these areas of perception differences.

To aid against burnout and help chairs excel in their role as department head.

Koehler (1994) offers 10 suggestions:

1. Rarely give a command, engender a sense of common purpose.
2. Don't be doing something all the time, stop, look and listen.
3. Don't expect to have all the answers, ask the right questions.
4. Establish processes to handle job responsibilities, then trust the processes.
5. Evaluations should provide light, not heat.
6. Sustain a focus on your department's normative values.
7. Don't worry about authority.
8. Master your craft and continue to study.
9. Always seek the counsel and involvement of your most committed department members.
10. Never try to make yourself look good. Instead, make everyone else look good. (p. 220)

### **Summary**

Clearly the position of the department chair in any academic setting is very broad. Studies conducted on the role and responsibilities of the academic department chair have revealed that they work in two different dimensions: administrator and faculty member. Higher level administrators expect department chairs to represent their views to the

faculty, and faculty expect the department chair to advocate on their behalf to upper administration.

Many department chair roles and responsibilities were identified in the literature. Some of the administrative roles include developing long-range goals, evaluating faculty performance, encouraging faculty research, monitoring academic standards, updating the curriculum, administering the budget, recruiting and supervising the faculty, scheduling the classes, and assigning faculty work loads. As a faculty member, the department chair teaches classes, recruits and advises students, evaluates student research, conducts personal research, and maintains professional skills. Some of the more important roles found include communicator, faculty mentor/developer, advocate, develop long-range goals, and manager of academic resources.

Literature related to the roles and responsibilities of the department chair in the health sciences is limited. Some of the more frequent roles performed by chairs in nursing departments include planning program and course offerings, ensuring academic standards, and determining overall goals. In general, health science chairs saw most of their time in administration with little time for teaching, research, and clinical practice.

Because the department chair carries the dual role of administrator and faculty member, role ambiguity and stress may occur. According to Kahn et al.'s (1981) theory of role dynamics, department chairs experience role ambiguity and stress because their perception of their role is incongruent with the administrator's or faculty member's perception of the chair's role. Chairs will adjust their perceptions based on the sent messages of these groups and the environment in which they operate. Improved



communication about the roles of the department chair among all members of the role set may decrease role ambiguity and stress.

The role of the department chair is of vital importance to students, faculty, and other administrators. Williams (1991) asserted that

the department head is central in the quality of academic programs delivered by the institution. Strong department heads will build, over time, strong academic departments. These, in turn, form the core of American higher education. (p. 167)

## CHAPTER III

### RESEARCH METHODOLOGY

#### **Introduction**

This chapter presents the research design and methodology utilized in this study. The primary purpose of this study was to determine the roles and responsibilities of the physical therapy department chair as perceived by the physical therapy unit administrators and teaching faculty in accredited entry-level physical therapy programs. The secondary purpose of this study was to determine how important selected desirable characteristics of a department chair might be as perceived by administrators and teaching faculty. Selected major roles and responsibilities of the physical therapy department chair to the students, faculty, university administration, the physical therapy profession, and society were addressed along with a list of 15 desirable characteristics a department chair might have. Discussion in this chapter includes research design, research population and sample, instrumentation, collection of data, research questions and hypotheses, statistical methodology, and a chapter summary.

#### **Research Design**

This research study was descriptive and explorative in nature. It utilized a four-page, quantitative survey instrument to measure the perceptions and priorities of the role

of the physical therapy department chair by physical therapy unit administrators and teaching faculty in entry-level physical therapy programs which are accredited by the Commission for Accreditation of Physical Therapy Education (CAPTE). The purpose of descriptive research is to "describe systematically the facts and characteristics of a given population or area of interest" (Isaac & Michael. 1979. p. 18) and such research entails a database. Rohrer (1990) further asserted that "though this approach may be used purely for descriptive purposes, it may also be coupled with more powerful (explanatory or predictive) research methods" (p. 54).

The survey method was utilized to allow the researcher access to many more subjects than is possible when interviewing alone. It was also relatively less expensive than interviewing subjects around the United States. A four-part questionnaire was simultaneously mailed to 1,795 physical therapy unit administrators and teaching faculty. Respondents were screened for inclusion into the study by the following criteria:

1. Physical Therapy Unit Administrator:

- a. First-level administrator of a CAPTE-accredited, bachelor's degree or higher, entry-level physical therapy unit
- b. Assigned the formal title of Program Director, Chairperson, or Dean of the physical therapy unit by the employing institution and considered part of the physical therapy unit
- c. Considered at least half time by the employing institution

2. Teaching Faculty:

- a. Teaching in the physical therapy unit

- b. Considered a member of the CAPTE-accredited, bachelor's degree or higher, entry-level physical therapy unit
- c. Considered at least half time by the employing institution
- d. Includes the physical therapy academic coordinator of clinical education (ACCE).

A disadvantage of this method was that the response rate was lower than with the interview technique. Also, questions on the quantitative survey are frequently closed-ended which discourage respondents from clarifying their answers. In considering the validity of design, several threats must be addressed. One threat to the internal validity of this study was the selection of the subjects. In this study all 1,795 persons who were listed as faculty (administrators or teachers) by the Commission for Accreditation of Physical Therapy Education were mailed a survey instrument. Only those who completed and returned the instrument were considered potential subjects. Subjects were screened based on whether they listed themselves as working in a bachelor's degree or higher CAPTE-accredited, entry-level, physical therapy program at least half time. These subjects were further divided into physical therapy unit administrators and teaching faculty based on the selected criteria. These subjects may also be more likely to have ulterior motives for completing this survey than would subjects who were randomly selected.

A second threat to the internal validity of this study was the subject effect. According to McMillan and Schumacher (1993), subject effects can occur when subjects "pick up cues from the experimental setting and instructions, which will motivate them in

specific ways" (p. 178). In this study subjects may have been motivated to respond based on their perceptions of the strengths or weaknesses of their current department chair. Subjects' perceptions of their individual department chair's weaknesses may have encouraged them to identify certain roles as essential while ignoring other possible roles.

A third threat to the internal validity of this study was drawing inappropriate statistical conclusions. In this study the 7-point continuum, from not important to essential, utilized in section II of the survey instrument was treated as interval data and evaluated using the analysis of variance. In section III, subjects were asked to pick the five most and least important roles of the department chair. These roles were evaluated with the use of descriptive statistics and a chi-square test. The fourth section of the survey asked respondents to rank 15 desirable characteristics of a department chair from most important to least important. This section was also evaluated with the use of descriptive statistics and a chi-square test.

One threat to the external validity of this study was ecological validity. The physical therapy market for both practicing physical therapists and students in physical therapy programs is rapidly changing. Managed care is reshaping the health-care market. In just the past few months since this study began, the demand for physical therapy services has declined, along with the number of students choosing physical therapy as a career. Priorities of respondents may have shifted, rendering the results of this study less applicable to physical therapy educational units today.

### **Population and Sample**

At the time of this study there were 41 CAPTE-accredited schools within the United States which offered the entry-level physical therapy bachelor's degree, 115 schools which offered the entry-level master's degree, and 3 schools which offered the entry-level doctorate in physical therapy for a total of 159 professional, entry-level physical therapy programs in the United States. Physical therapy unit administrators and faculty from all 159 programs were simultaneously mailed the survey instrument.

The research population for this study consisted of current deans, department chairs, program directors, teaching faculty, and academic coordinators of clinical education who work at least half time in CAPTE-accredited physical therapy education programs offering entry-level education for physical therapists in the United States. A total of 1,795 physical therapy unit administrators and faculty from accredited, professional, entry-level physical therapy programs were identified from the Commission on Accreditation in Physical Therapy Education. To gain access to this information the researcher was required to go to the national headquarters of the American Physical Therapy Association in Alexandria, Virginia, and obtain the database directly from their computers. All survey instruments were mailed from that location.

The sample for this study included subjects who responded and who met specific inclusion criteria. Subjects must be physical therapy unit administrators or teaching faculty in entry-level physical therapy programs. Administrators were identified by being a physical therapy unit-level administrator of a CAPTE-accredited physical therapy program which offers a bachelor's degree or higher. They were assigned the formal title

of Program Director, Chairperson, or Dean of the program by the employing institution and are considered at least half time. Teaching faculty must teach in the physical therapy program and be considered at least half time. They also must be assigned to and considered a member of the CAPTE-accredited, bachelor's degree or higher, physical therapist unit. The academic coordinator of clinical education is considered part of the teaching faculty. Section I of the survey instrument included five items to evaluate whether the respondents met the inclusion criteria. These items were respondents' current academic position, the type of degree offered, level of degree offered, the accreditation status of the physical therapy program, and the employment status of the respondent. A total of 852 people returned the survey instrument. Those who did not meet the inclusion criteria for this study were disqualified, thereby leaving a total sample of 634 respondents.

### **Instrumentation**

A review of instruments used by other researchers to determine the perceived roles and responsibilities of the department chair was conducted in order to determine their appropriateness to this study. The survey instrument chosen for this study was developed utilizing parts of two separate pre-existing surveys. The first was the International Community College Chair Survey of 1992, utilized by Alan Seagren et al. (1993); and the second survey instrument was the Department Chair Survey used by Kippenbrock et al. in 1994. The second was adapted from Green et al. (1991). Permission was obtained from Seagren and Kippenbrock to adapt their instruments for

this study (see Appendix A). Because the focus of this study is on the perceived role of the department chair in physical therapy education by both physical therapy unit administrators and teaching faculty, only parts of these surveys were used. Adaptions were made and items were added and deleted after a review of related literature was performed.

The instrument developed for use in this study is titled "Roles and Responsibilities of Department Chairs in Physical Therapy Education." The cover letter is found in Appendix A and the survey instrument is found in Appendix B. In the first section, respondents were asked 15 questions to identify background information. Ten of these questions reference the respondent personally. These included the respondents' academic position, academic rank and employment status, number of years in physical therapy education, highest earned degree, gender, age, whether respondent is a physical therapist, patient load, and number of hours per week they are treating patients.

The remaining five questions addressed the physical therapy unit in which the respondent is a part. These included the physical therapy program offered, level of degree, number of full-time faculty positions in the physical therapy program, CAPTE accreditation status, and the selection of the current department chair. Five questions in section I were utilized to screen candidates into the study. These questions were the respondents' academic position, type and level of degree offered, the accreditation status of the program, and the employment status of the respondent.

In the second section of the instrument respondents were asked to indicate their perception of the necessity of given roles and responsibilities a department chair might



perform along a 7-point continuum from "Not Important" to "Essential." Respondents were asked in terms of the position of the department chair in general, rather than focusing on themselves or their particular department chair. In the third section of the instrument, respondents were asked to choose the five most and least important roles and responsibilities from section II. In the fourth and final section of the instrument, respondents were asked to rank order an alphabetized list of 15 desirable characteristics a department head might have from 1 (most important) to 15 (least important). A self-addressed stamped envelope was included with the survey instrument along with the researcher's address should the envelope be misplaced. Respondents were also given the option to receive a copy of the results by mailing an enclosed postcard. A follow-up postcard (Appendix A) to remind participants to return the survey was sent to all respondents approximately 3 weeks after the original survey instrument.

The research proposal along with a preliminary version of the survey instrument was given to the researcher's doctoral dissertation committee for critique. The first survey revision incorporated their suggestions, wording, and choice of terms. Because this was an untested survey instrument, a pilot survey was necessary. According to Borg and Gall (1971), a pilot study should be done if a new survey instrument has been developed or an old survey instrument has been revised. The pilot study should be as similar as possible to the final study. Bailey (1991) states that "the pilot study provides an evaluation of the proposed process and may be used to remove flaws" (p. 139). A pilot study consisting of the revised preliminary version of the survey instrument was given to approximately 60 health-care teaching faculty and administrators. Participants

included faculty and department chairs from Andrews University's Nursing, Social Work, and Clinical Laboratory Science programs as well as Loma Linda University's Occupational Therapy program. Thirty-two or just over 50% responded to the pilot study. The purpose of the pilot study was fourfold:

1. To assess the clarity of the items and instructions used in the instrument
2. To obtain quantitative feedback in order to ascertain the validity of the survey itself
3. To verify the length of time necessary to complete the survey
4. To gain an insight into the data collection and analysis process.

Respondents to the pilot study were asked to write any questions or comments on the last page or after each item and to record the total time it took to complete the survey instrument. Five of the pilot study respondents were interviewed after completing the survey instrument. Changes and suggestions from pilot survey respondents and interviewees for each item were considered prior to the distribution of the final instrument. Since pretesting the questionnaire helped to ensure its reliability and validity as a survey instrument, no other evaluation of reliability and validity was undertaken. The final revision of the "Roles and Responsibilities of Department Chairs in Physical Therapy Education" survey instrument appears in Appendix B.

### **Collection of Data**

The names and addresses of all 1,795 current physical therapy academic deans, department chairs, program directors, teaching faculty, and academic coordinators of

clinical education in the United States were collected from the Commission on Accreditation in Physical Therapy Education. A survey packet containing a cover letter (Appendix A), the survey instrument (Appendix B), a stamped self-addressed return envelope, and a return postcard were sent by first-class mail from the APTA headquarters in Alexandria, Virginia, to all 1,795 potential subjects at the same time. The cover letter included the purpose of the study, a statement assuring confidentiality, and a toll-free telephone number for use in the event of questions, problems, or the need of another instrument. The return postcard gave recipients the opportunity to receive a copy of the results of this study.

Survey instruments were addressed directly to the researcher at Andrews University in Berrien Springs, Michigan. All data remained anonymous and a record was kept of the number of survey instruments returned. Because of the confidentiality of the database, the researcher was not allowed to remove addresses from the APTA headquarters, therefore no record was kept to determine non-respondents. A follow-up postcard (Appendix A) was sent approximately 3 weeks after the survey instrument to all recipients of the original mailing. This postcard reminded recipients to complete and return the survey instrument if they had not already done so. It also gave recipients the option to call the researcher at a toll-free number for another survey if they misplaced theirs or had not received one. Several duplicate survey instrument packets were mailed to recipients as a result of this postcard.

From the original 1,795 survey instruments that were sent, 62 were returned as undeliverable leaving a total of 1,733. Of these, 852 people returned the survey for a

prescreening response rate of 49%. In order to be included in this study, subjects must be unit administrators or teaching faculty in CAPTE-accredited, entry-level physical therapy programs which offer at least a bachelor's degree or higher. Subjects must also work at least half time in the physical therapy program. Those who did not meet the inclusion criteria were disqualified, leaving a total sample of 634 respondents.

### **Research Questions and Hypotheses**

The primary purpose for this study was to determine the roles and responsibilities of the academic physical therapy department chair as perceived by physical therapy unit administrators and teaching faculty. The secondary purpose was to determine how important selected desirable characteristics of a department chair might be as perceived by physical therapy unit administrators and teaching faculty.

This study addressed the following questions and hypotheses:

**Research Question 1:** What descriptive characteristics are common among academic physical therapy unit administrators in CAPTE-accredited, entry-level, physical therapist programs?

**Research Question 2:** What descriptive characteristics are common among academic physical therapy teaching faculty in CAPTE-accredited, entry-level, physical therapist programs?

**Research Question 3:** What are the most and least important roles and responsibilities of the department chair as perceived by physical therapy unit administrators and teaching faculty?

Research Question 4: Are there any differences between the perceptions of academic physical therapy unit administrators and teaching faculty in the importance of various roles and responsibilities of the physical therapy department chair?

This question was answered with the following research hypotheses.

Hypothesis 1: There are no significant differences between the perceptions of physical therapy unit administrators and teaching faculty in the importance of the 45 selected roles and responsibilities when controlled for gender and years in physical therapy education.

Hypothesis 2a: There are no significant interaction effects between the perceptions of male and female faculty in the importance of the 45 roles and responsibilities when grouped by academic position.

Hypothesis 2b: There are no significant differences between the perceptions of male and female faculty in the importance of the 45 roles and responsibilities.

Hypothesis 3a: There are no significant interaction effects between the perceptions of faculty who have taught for a low, moderate, or high number of years in physical therapy education in the importance of the 45 roles and responsibilities when grouped by academic position.

Hypothesis 3b: There are no significant differences between the perceptions of faculty who have taught for a low, moderate, or high number of years in physical therapy education in the importance of the 45 roles and responsibilities.

Hypothesis 4a: There are no significant interaction effects between the perceptions of faculty in small, medium, or large physical therapy units in the importance of the 45 roles and responsibilities when grouped by academic position.

Hypothesis 4b: There are no significant differences between the perceptions of faculty in small, medium, or large physical therapy units in the importance of the 45 roles and responsibilities.

Hypothesis 5a: There are no significant interaction effects between the perceptions of faculty in units where the department chair was promoted from within or hired from external to the physical therapy unit in the importance of the 45 roles and responsibilities when grouped by academic position.

Hypothesis 5b: There are no significant differences between the perceptions of faculty in units where the department chair was promoted from within or hired from external to the physical therapy unit in the importance of the 45 roles and responsibilities.

Hypothesis 6: There are no significant differences between the perceptions of physical therapy unit administrators and teaching faculty in the most and least important roles and responsibilities of the department chair.

Research Question 5: Are there any differences between the perceptions of academic physical therapy unit administrators and teaching faculty in the importance of selected characteristics of the physical therapy department chair?

This question was answered with the following research hypothesis.

Hypothesis 7: There are no significant differences between the perceptions of academic physical therapy unit administrators and teaching faculty in ranked importance of the 15 selected desirable characteristics of a physical therapy department chair.

### **Statistical Methodology**

The returned responses of the "Roles and Responsibilities of the Department Chair in Physical Therapy Education" survey instrument were scored by the researcher. The survey instrument was designed with forced-choice items which facilitated the assignment of codes to the responses. Open-ended items were categorized according to content before codes were assigned. Statistical analyses were performed using the Statistical Package for the Social Sciences (SPSS), version 9 software package.

Questions from the survey were categorized for analysis. The first section of the survey contained 15 items designated as background. These items were divided into two categories. The first category contained 10 items that dealt with the personal characteristics of the respondent. These items included academic position, academic rank, employment status, gender, age, number of years in higher education, highest earned degree, whether the respondent is a physical therapist, whether he/she is treating patients and, if so, how many hours per week. The second category in the background section contained five questions about the respondents' academic unit. These items included the level and type of degree offered by the physical therapy program, CAPTE accreditation status, number of full-time teaching faculty, and whether the current

department chair was promoted from within the department or hired from external to the department.

Where appropriate, all survey items in section I of the survey instrument were given an "other" category. These open-ended items allowed the respondent the option of adding a response other than what was provided. New item response categories were added during data entry if deemed appropriate by the researcher. This occurred for three items. Under "Academic Rank" the fifth category of "lecturer" was added. Under "CAPTE accreditation status of the program," two categories, "developing/probationary" and "deferred," were added. Under "my current department chair," three categories, "started with new program," "acting/interim chair," and "currently vacant," were added.

The preceding items in section I of the survey instrument and their analysis satisfy research question 1: "What descriptive characteristics are common among academic physical therapy unit administrators in CAPTE-accredited entry-level physical therapist programs," and question 2: "What descriptive characteristics are common among academic physical therapy teaching faculty in CAPTE-accredited entry-level physical therapist programs?" For comparative purposes descriptive statistics were utilized to calculate frequency percentages, means, and standard deviations on both the personal and unit characteristics.

Section II of the survey instrument contains 45 roles and responsibilities a department chair might perform. Respondents were asked to measure how important it is for the department chair to personally perform each activity along a 7-point continuum from not important to essential. For analysis purposes, the few items that were left blank



by the respondents in this section were assigned the mean score for the item. This was done to utilize the same subject pool in the analysis of each item.

Section III of the survey asked the respondent to select the five most important and least important roles and responsibilities from section II. A few respondents picked more than five. In these cases only the first five were recorded.

In section IV the respondents were asked to rank order 15 desirable characteristics a department chair might have from (1) most important to (15) least important. Respondents were asked to number each item and use each number only once. Responses were then grouped from most important (1-5), middle (6-10), and least important (11-15).

Research Question 3 asked, What are the most and least important roles and responsibilities of the department chair as perceived by physical therapy unit administrators and teaching faculty? This question was answered with the use of descriptive statistics. The section I variable, "current academic position," was recoded into two categories: unit administrators and teaching faculty. In order to meet the requirements of the research design, physical therapy unit administrators were program-level administrators who were assigned the title of program director, department chair, or dean of the physical therapy unit. Teaching faculty were respondents who indicated they were teaching faculty or academic coordinators of clinical education.

Roles from section II with means from 5.50 and higher were considered "more important" and roles with means of 2.5 and lower as "less important." To determine the most and least important roles, the highest and lowest means from the importance

continuum in section II of the survey instrument and the highest and lowest frequency percentages from the most and least important items in section III were identified. The most and least important roles and responsibilities as perceived by unit administrators and teaching faculty were identified from each section. By combining the 10 highest and lowest ranking means from section II of the survey instrument with the 10 highest and lowest ranking percentages from section III, an overall most and least important list for physical therapy unit administrators and teaching faculty was identified. A combined list of most and least important roles and responsibilities was also identified.

Research Question 4 asked if there were any differences between the perceptions of academic physical therapy unit administrators and teaching faculty in the importance of various roles and responsibilities of the physical therapy department chair.

Even though some differences may be significant, they may not be of practical value. Practical value was determined to be the following: on the 7-point continuum from not important to essential, significant differences between group means that were .00 to .49 were considered of no practical importance. Differences between .50 to .99 were considered of little practical importance and differences of 1.00 and above were considered important. Significant differences of no practical importance are not discussed in chapter 5.

To aid in the interpretation of significant ANOVA interactions, two additional post hoc tests were utilized. First, a test of simple main effects was conducted between groups to determine significant differences. Second, where significant differences in main effects were found, post hoc *t*-tests were conducted for each combination of pairs.

Research Question 4 was answered with the following research hypotheses:

Hypothesis 1: "There are no significant differences between the perceptions of the unit administrators and teaching faculty in the importance of the 45 selected roles and responsibilities when controlled for gender and years in physical therapy education." For this hypothesis the 45 items in section II of the survey instrument were analyzed individually with "current academic position" which was again grouped into "physical therapy unit administrators" and "teaching faculty." "Gender" was divided into two groups and "Years of involvement in physical therapy education" into "low" (less than 10 years), "moderate" (10-19.9), and "high" (20 and more). Means, standard deviations, and percentages between department chairs and teaching faculty were computed. A three-way analysis of variance (ANOVA) was utilized with an alpha level of  $<.05$  to determine statistical significance. The three-way ANOVA was utilized as a method to control for "gender" and "years involved in physical therapy education."

Hypothesis 2a: "There are no significant interaction effects between the perceptions of male and female faculty in the importance of the 45 roles and responsibilities when grouped by academic position" and hypothesis 2b: "There are no significant differences between the perceptions of male and female faculty in the importance of the 45 roles and responsibilities." For these hypotheses, the 45 roles and responsibilities in section II of the survey instrument were examined individually with the respondents' gender and academic position by a two-way ANOVA. Academic position was divided into physical therapy unit administrators and teaching faculty based on the previously stated inclusion criteria. Statistical significance was again held at  $<.05$ .

Hypothesis 3a: "There are no significant interaction effects between the perceptions of faculty who have taught for a low, moderate, or high number of years in physical therapy education in the importance of the 45 roles and responsibilities when grouped by academic position" and hypothesis 3b: "There are no significant differences between the perceptions of faculty who have taught for a low, moderate, or high number of years in physical therapy education in the importance of the 45 roles and responsibilities." These hypotheses were tested on each of the 45 roles and responsibilities in section II of the survey instrument by a two-way ANOVA with the number of years the subject had been involved in physical therapy education as a faculty member and his/her academic position. The number of years involved in physical therapy education was grouped into low (less than 10 years), moderate (10 - 19.9), and high (20 and above). Academic position was again divided into physical therapy unit administrators and teaching faculty based on the previously stated inclusion criteria. Statistical significance was held at  $<.05$  and the Student-Neuman-Keuls was employed to identify significant main effect group mean differences.

Hypothesis 4a: "There are no significant interaction effects between the perceptions of faculty in small, medium, or large physical therapy units in the importance of the 45 roles and responsibilities when grouped by academic position" and hypothesis 4b: "There are no significant differences between the perceptions of faculty in small, medium, or large physical therapy units in the importance of the 45 roles and responsibilities." These hypotheses were tested on the 45 roles and responsibilities in section II of the survey instrument by a two-way ANOVA with the size of the program

and the subjects' academic position. The size of the program was determined by the number of full-time teaching faculty positions in the physical therapy program. This number was divided into small (0-7), medium (7.5-14), and large (14.5 and above). Academic position was divided into unit administrator and teaching faculty based on the previously stated inclusion criteria. Statistical significance was held at  $<.05$  and the Student-Neuman-Keuls was employed to help identify significant main effect group mean differences.

Hypothesis 5a: "There are no significant interaction effects between the perceptions of faculty in units where the department chair was promoted from within or hired from external to the physical therapy unit in the importance of the 45 roles and responsibilities when grouped by academic position." and hypothesis 5b: "There are no significant differences between the perceptions of faculty in units where the department chair was promoted from within or hired from external to the physical therapy unit in the importance of the 45 roles and responsibilities." These hypotheses were tested on each of the 45 roles and responsibilities in section II of the survey instrument by a two-way ANOVA with the selection of the current department chair and the subjects' academic position. Statistical significance was held at  $<.05$ .

Hypothesis 6: "There are no significant differences between the perceptions of physical therapy unit administrators and teaching faculty in the most and least important roles and responsibilities of the department chair." This hypothesis was analyzed with the use of chi-square test. The background section I variable, "Academic Position," was again divided into two groups: physical therapy unit administrators and teaching faculty.

Frequency percentages were obtained from section III of the survey. A chi-square test was utilized to identify significant differences between each department chair's response and each teaching faculty's response on the 10 most and least important roles identified in research question 3 for section III of the survey. An alpha level of  $<.05$  was set to determine statistical significance.

Research question 5 asked if there were any differences between the perceptions of academic physical therapy unit administrators and teaching faculty in the importance of selected characteristics of the physical therapy department chair. This question was answered with the following research hypothesis:

Hypothesis 7: "There are no significant differences between the perceptions of academic physical therapy unit administrators and teaching faculty in ranked importance of the 15 selected desirable characteristics of a physical therapy department chair." This hypothesis was analyzed with the use of descriptive statistics and a chi-square test. The background section I variable "academic position" was again divided into two groups: physical therapy unit administrator and teaching faculty. For descriptive purposes these 15 characteristics were divided into three equal groups: least important (1 - 5), moderately important (6 - 10), and most important (11 - 15) based on the subject's response. Ranked scores were totaled on each item for both groups. To test the significance of this hypothesis the 15 items were divided into five groups: most important (1-3), important (4-6), neutral (7-9), less important (10-12), and least important (13-15). A chi-square test was performed to compare each department chair's response with each faculty's response. An alpha level of  $<.05$  was set to determine statistical significance.

### **Summary**

The methodology employed in this research study is descriptive and explorative in nature. The researcher used a quantitative survey instrument that was simultaneously mailed to all 1,795 United States physical therapy first-line administrators and teaching faculty. A total response time of approximately 8 weeks was necessary to collect the survey instruments. A total of 852 or 49% of the surveys were completed and returned. The data were analyzed utilizing descriptive statistics (percentages, means, and standard deviations), three- and two-way ANOVAs with post hoc Student-Neuman-Keuls and *t*-tests where appropriate, and a chi-square analysis on the SPSS version 9 statistical software package.

The primary purpose of this study was to determine the importance of selected roles and responsibilities the physical therapy department chair might perform as perceived by administrators and teaching faculty. The secondary purpose was to determine how important selected desirable characteristics of a department chair might be as perceived by physical therapy administrators and teaching faculty. Several related hypotheses were also addressed. The research population consists of current physical therapy deans, department chairs, program directors, teaching faculty, and academic coordinators of clinical education working at least half time from CAPTE-accredited physical therapy education programs offering a bachelor's degree or higher, entry-level education for physical therapists. Chapter 4 presents the results of the data analysis.

## CHAPTER IV

### PRESENTATION AND ANALYSIS OF DATA

#### **Introduction**

The primary purpose of this research was to determine the importance of selected roles and responsibilities a physical therapy department chair might perform as perceived by physical therapy unit administrators and teaching faculty in accredited, entry-level, physical therapy programs. The secondary purpose was to determine how important selected desirable characteristics of a department chair might be as perceived by department chairs and teaching faculty. The survey instrument was developed and pilot tested by the researcher specifically for use in this study. Portions of the instrument were modifications from surveys used by the National Chair Academy and by Tom Kippenbrock. Permission was requested and granted to modify these portions for use in this study (Appendix A). Survey packets were sent to all 1,795 physical therapy administrators and teaching faculty of accredited, entry-level physical therapy programs in the United States. Sixty-two were undeliverable by the United States Post Office. Eight hundred and fifty-two or 49% were completed and returned during the 8 weeks of data collection.



In order to meet the specific inclusion criteria of the study, five items were added to the section I variables of the original questionnaire (see Table 1). The respondent must qualify as a physical therapy unit administrator or teaching faculty as described in chapter 3. Respondents must work in an entry-level physical therapist program that offers a bachelor's degree or higher. Finally, the respondent must be employed by the physical therapy unit at least half time, and the physical therapy program must be accredited. After screening for this criteria the total number of subjects utilized for data analysis was 634 (see Table 2).

This chapter is organized according to the following four research questions.

Research Question 1: What descriptive characteristics are common among academic physical therapy unit administrators in entry-level physical therapist programs that are accredited by the Commission for Accreditation of Physical Therapy Education (CAPTE)?

Research Question 2: What descriptive characteristics are common among academic physical therapy teaching faculty in CAPTE-accredited, entry-level physical therapist programs?

Research Question 3: What are the most and least important roles of the department chair as perceived by physical therapy unit administrators and teaching faculty?

Research Question 4: Are there any differences between the perceptions of academic physical therapy unit administrators and teaching faculty in the importance of various roles and responsibilities of the physical therapy department chair?

TABLE 1

**SUMMARY OF RESPONSES TO DEPARTMENT CHAIR  
SURVEY ITEMS UTILIZED TO SCREEN SUBJECTS**

Items	Frequency	Percentage
1. Respondent's Academic Position		
*Dean	2	.2
*Department Chair	66	7.7
*Program Director	63	7.4
*Teaching Faculty	597	70.1
*ACCE	99	11.6
Other	16	1.9
No Response	9	1.1
2. Physical Therapy Program Taught		
Physical Therapy Assistant	2	.2
*Entry-Level Physical Therapist	751	88.1
Advanced Physical Therapist Degree	91	10.7
No Response	8	.9
3. Physical Therapy Degree Taught		
Associate/Certificate	3	.4
*Baccalaureate	119	14.0
*Master's	682	80.0
*Doctorate	45	5.3
No Response	3	.4
4. Respondent's Status in the Physical Therapy Program		
*Full time	729	85.6
*Half time or more but not full time	80	9.4
Less than half time	40	.4
No Response	3	.4
5. CAPTE Accreditation Status of the Program		
*Accredited	771	90.5
Not Accredited	11	1.3
Developing/Probationary	42	4.9
Deterred	4	.5
No Response	24	2.8

\* = Response was necessary in order to be included into department chair study.

TABLE 2

**NUMBER OF RESPONDENTS TO THE DEPARTMENT CHAIR SURVEY AND  
NUMBER OF SUBJECTS AFTER SCREENING PROCESS**

Academic Position	Survey Respondents		Included Study Subjects	
	<i>n</i>	(%)	<i>n</i>	(%)
Dean	2	(.2)	1	(.2)
Department Chair	66	(7.7)	52	(8.2)
Program Director	63	(7.4)	43	(6.8)
<b>Physical Therapy Unit Administrator Total</b>	<b>131</b>	<b>(15.4)</b>	<b>96</b>	<b>(15.1)</b>
Teaching Faculty	597	(70.1)	455	(71.8)
ACCE	99	(11.6)	83	(13.1)
<b>Teaching Faculty/ACCE Total</b>	<b>696</b>	<b>(81.7)</b>	<b>538</b>	<b>(84.9)</b>
Other	16	(1.9)		
No Response	9	(1.1)		
<b>Overall Total</b>	<b>852</b>	<b>(100.0)</b>	<b>634</b>	<b>(100.0)</b>

Research Question 5: Are there any differences between the perceptions of academic physical therapy unit administrators and teaching faculty in the importance of various characteristics of the physical therapy department chair?

Table 3 provides a breakdown of the personal characteristics for both physical therapy unit administrators and teaching faculty who are included in research questions 1 and 2. Table 4 provides a breakdown of the unit characteristics for both physical therapy unit administrators and teaching faculty.

### Research Question 1

What descriptive characteristics are common among academic physical therapy unit administrators in CAPTE-accredited, entry-level physical therapist programs?

TABLE 3

**PERSONAL CHARACTERISTICS OF PHYSICAL THERAPY  
UNIT ADMINISTRATORS AND TEACHING FACULTY**

Item	<u>Unit Administrators</u>		<u>Teaching Faculty</u>	
	Frequency	Percentage	Frequency	Percentage
Academic Rank				
Professor	25	26.0	27	5.0
Associate Professor	55	57.3	131	24.3
Assistant Professor	16	16.7	292	54.3
Instructor			73	13.6
Lecturer			7	1.3
Other			8	1.5
<b>Total</b>	<b>96</b>		<b>538</b>	
Employment Status				
Full time	95	99.0	474	88.1
Half time or more but not full time	1	1.0	64	11.9
<b>Total</b>	<b>96</b>		<b>538</b>	
Number of Years in Physical Therapy Education				
0-9.9	22	24.2	329	64.8
10-19.9	35	38.5	133	26.2
20 and up	34	37.4	46	9.1
<b>Total</b>	<b>91</b>		<b>508</b>	
Respondents' Highest Degree Earned				
Baccalaureate	1	1.0	13	2.4
Master's	25	26.0	326	60.6
Doctorate	70	72.9	199	37.0
<b>Total</b>	<b>96</b>		<b>538</b>	
Gender				
Female	49	68.1	304	71.9
Male	23	31.9	119	28.1
<b>Total</b>	<b>72</b>		<b>423</b>	
Age				
20-29	0	0	3	0.6
30-39	6	6.3	179	33.3
40-49	46	48.4	264	49.1
50-59	39	41.1	81	15.1
60 and up	4	4.2	11	2.0
<b>Total</b>	<b>95</b>		<b>538</b>	
Is Respondent a Physical Therapist?				
Yes	94	97.9	511	95.0
No	2	2.1	27	5.0
<b>Total</b>	<b>96</b>		<b>538</b>	
Hours per Week Treating Patients				
0	60	62.5	197	37.2
0.5-8	30	31.3	224	42.3
8.5-32	6	6.3	102	19.3
32.5 and up	0	0	6	1.1
<b>Total</b>	<b>96</b>		<b>529</b>	

TABLE 4

**UNIT CHARACTERISTICS OF PHYSICAL THERAPY UNIT  
ADMINISTRATORS AND TEACHING FACULTY**

Item	Unit Administrators		Teaching Faculty	
	Frequency	Percentage	Frequency	Percentage
Physical Therapy Degree Taught				
Baccalaureate	12	12.5	83	15.4
Master's	81	84.4	437	81.2
Doctorate	3	3.1	18	3.3
<b>Total</b>	<b>96</b>		<b>538</b>	
Size of the Physical Therapy Program				
Small	24	25.5	179	35.3
Medium	57	60.6	271	53.5
Large	13	13.8	57	11.2
<b>Total</b>	<b>94</b>		<b>507</b>	
Selection of Current Department Chair				
Promoted from within	51	60.7	305	60.9
Hired from external	33	39.3	196	39.1
<b>Total</b>	<b>84</b>		<b>501</b>	

A physical therapy unit administrator is a program-level administrator of a CAPTE-accredited, bachelor's degree or higher, entry-level physical therapy unit. He or she is usually assigned the role of the program director, department chair, or dean by the employing institution and is considered part of the physical therapy unit. There were 43 program directors, 52 department chairs, and 1 dean for a total of 96 physical therapy administrators who qualified as subjects for this study (see Table 2). Unless otherwise stated, there were 96 subjects in this group for each item analyzed.

#### Personal Characteristics of Unit Administrators

**Academic Rank:** Four categories were offered on the survey instrument.

Respondents could check one of the groups or select a fifth category termed "other" and

then write in their academic rank. The largest group (57.3%) held the rank of Associate Professor. The remaining, in order of percentage, were professors (26.0%) and assistant professors (16.7%). There were no instructors or lecturers.

**Employment Status in the Physical Therapy Program:** Of the 96 physical therapy unit administrators who qualified for this study, only 1 worked less than full time (half or more but not full time). Respondents who categorized themselves as less than half time were not eligible for this study.

**Number of Years Involved in Physical Therapy Education:** Respondents to this question were divided into three "experience" groups: low (0 to 9.9 years), moderate (10 to 19.9 years), and high (20 years and up). Of the 91 administrators who responded to this question, 38.5% had been involved in physical therapy education for a moderate amount of time and 37.4% had been involved for a high amount of time. The remaining 24.2% were still in their first decade of involvement in physical therapy education.

**Highest Earned Academic Degree:** Of the 96 who responded, 70 (72.9%) held a doctorate degree and 25 (26.0%) the master's degree. One physical therapy unit administrator reported holding a baccalaureate degree.

**Gender:** Of the 96 physical therapy unit administrators who qualified for this study, only 72 (75.0%) responded to this item. Of the responding administrators, 68.1% were female and 31.9% were male.

**Age:** Five age groups were offered on the survey instrument. Respondents were asked to check the group that contained their current age. All but 1 of the 96 administrators responded to this question. Of those who responded, 48.4% indicated that

they were in the age group of 40 to 49, whereas 41.4% were in the age group of 50 to 59. Six respondents (6.3%) were 30 to 39 and four (4.2%) were 60 or more years old.

**Is Respondent a Physical Therapist:** In order to be accredited by the Commission on Accreditation in Physical Therapy Education, a physical therapy unit-level administrator must be a licensed physical therapist. Of the 96 physical therapy unit administrators reporting, 94 (97.9%) indicated that they were physical therapists and 2 (2.1%) indicated they were not.

**Hours per Week Seeing Patients:** This category represents a combination of two different items on the survey instrument. Subjects were asked if they were currently treating patients and how many hours per week they saw patients. Respondents who replied "no" to the first question were automatically given a zero for the second question during data entry. Of the 96 physical therapy unit administrators who responded, 62.5% do not see patients, 31.3% see patients from .5-8 hours per week, and 6.3% see patients from 8.5-32 hours per week. No physical therapy unit administrator reported seeing patients more than 32 hours per week.

#### Physical Therapy Unit Characteristics of Unit Administrators

**Primary Physical Therapy Degree Taught:** Respondents were given four options ranging from associate/certificate to doctorate. Because there are no accredited associate/certificate entry-level physical therapist programs, candidates who selected this category were screened from this study. Of the physical therapy unit administrators 84.4% of the physical therapy unit administrators primarily teach in a master's degree

program while 12.5% primarily teach at the baccalaureate level and 3.1% at the doctorate level.

**Size of the Physical Therapy Program:** The size of the physical therapy program was determined by the number of full-time teaching faculty positions reported by the respondent. The numbers provided were then grouped into small (0-7), medium (7.5-14), and large (14.5 and up). With 94 physical therapy unit administrators reporting, 60.6% were from a medium-sized program, 25.5% from a small program, and the remainder from a large program (13.8%).

**Selection of the Current Department Chair:** Subjects were given three choices: "promoted from within the program," "hired from external to the program," and "other." Of the 84 responses, 60.7% of the department chairs were hired from within the program and 39.3% from external to the program. The "other" category was added to allow subjects the option of writing in a different response. Other responses included "started with new program," "current chair is acting/interim," and "currently vacant." These were added during data entry but due to the low numbers they were not statistically analyzed.

## **Research Question 2**

What descriptive characteristics are common among academic physical therapy teaching faculty in CAPTE-accredited entry-level physical therapist programs?

To be included in this study as a member of the teaching faculty, a respondent must be considered part of the physical therapy unit. He/she must work as a teacher or Academic Coordinator of Clinical Education (ACCE) at least one half time. Finally, as



with all respondents, the program in which they work must offer the bachelor's degree or higher and be accredited by the Commission for Accreditation of Physical Therapy Education (CAPTE). There were 455 teachers and 83 ACCEs for a total of 538 teaching faculty who qualified for this study.

### Personal Characteristics of Teaching Faculty

**Academic Rank:** Four academic ranks were offered on the survey instrument from instructor to professor. An "other" category was also offered to give the respondent the option to write in his/her rank if not stated. One additional rank (lecturer) was added during data entry due to the number of respondents who wrote it in. The largest group of teaching faculty (54.3%) hold the rank of Assistant Professor followed by Associate Professor (24.3%), Instructor (13.6%), Professor (5.0%), Lecturer (1.3%), and other (1.5%).

**Employment Status in the Physical Therapy Program:** Of the teaching faculty, 88.1% stated that they worked full time in the physical therapy unit and 11.9% considered themselves as working half time or more but not full time. Those who worked less than half time were not included in this study.

**Number of Years Involved in Physical Therapy Education:** As stated earlier, the actual number given by the respondents was grouped into one of three experience categories by year: low (0 to 9.9), moderate (10 to 19.9), and high (20 and up). For this item only 508 teaching faculty responded. The largest group (64.8%) had little experience

in physical therapy education. 26.2% had moderate experience and 9.1% had a high amount of experience in physical therapy education.

**Highest Earned Academic Degree:** With the current trend toward advancing all entry-level physical therapy programs to the doctorate level, academic degrees of the teaching faculty will also advance. In this study, 60.6% were educated at the master's level, 37.0% at the doctoral level, and 2.4% at the baccalaureate level.

**Gender:** This item again had the lowest response rate on the survey instrument. Of the 538 qualified teaching faculty reporting, only 423 (78.6%) responded to this question. In this study, 71.9% of the teaching faculty were females and 28.1% were males.

**Age:** Five age groups were offered for this item. Teaching faculty were asked to check the group which contained their current age. Of those who responded, 49.1% reported that they were 40 to 49 years of age, 33.3% reported that they were 30 to 39 years, 2.2% reported they were 60 years or older, and 0.6 indicated they were 20 to 29 years.

**Is Respondent a Physical Therapist:** Although it is a CAPTE requirement for the physical therapy unit-level administrator to be a physical therapist, it is not so for all teaching faculty. In this sample 95.0% of the teaching faculty were physical therapists.

**Hours per Week Seeing Patients:** As previously stated, this category represents an analysis of two separate items on the survey instrument. Respondents were asked "if they are currently treating patients" directly followed by "how many hours per week do they see patients." If the respondent selected "no" to the first item, he/she was automatically given a zero during data entry for the second item. The number of hours were then

grouped into four categories during data analysis. Of the 529 teaching faculty responding, 42.3% were seeing patients from .5 hours to 8.0 hours per week, 37.2% were not seeing patients at all, 19.3% were seeing patients from 8.5 to 32 hours per week, and 1.1% reported seeing patients for 32.5 hours and up.

#### Physical Therapy Unit Characteristics of Teaching Faculty

**Primary Physical Therapy Degree Taught:** Three levels of degrees were included in this study: bachelor's, master's, and doctorate. A fourth category, associate/certificate, was included on the survey instrument but candidates who selected this were screened from the study. Currently there are no entry-level accredited physical therapy programs at the associate/certificate level. In this study 81.2% of the teaching faculty primarily teach in a master's-level program. This is followed by 15.4% who primarily teach at the baccalaureate level and 3.3% at the doctorate level.

**Size of the Physical Program:** For this item respondents were asked to record the number of full-time teaching faculty positions in the physical therapy program. These numbers were then grouped into small (0-7), medium (7.5-14), and large (14.5 and up) during data analysis. The majority of the teaching faculty (53.5%) came from medium-sized programs while 35.3% came from small and 11.2% from large programs.

**Selection of the Current Department Chair:** Respondents were given two categories to respond to this item: "promoted from within the program" and "hired from external to the program." A third option "other" was added to give respondents the option to write in alternative responses. Other responses recorded but not analyzed due to

low numbers included "acting/interim," "currently vacant," and "started with new program." Of the 501 teaching faculty analyzed, 60.9% reported that their current department chair was promoted from within the program while 39.1% were hired externally.

### **Summary of Unit Administrators and Teaching Faculty**

Physical therapy unit administrators tended to be female physical therapists between the ages of 40 and 60 who held a doctorate degree, worked full time, and carried the rank of associate professor or higher. They had been involved with physical therapy education for 10 or more years and were not currently seeing patients.

Physical therapy teaching faculty tended to be female physical therapists between the ages of 30 and 50 who held a master's degree, worked full time, and carried the rank of assistant professor or lower. They had been involved with physical therapy education for fewer than 10 years and were currently seeing patients for up to 8 hours per week.

Both administrators and teaching faculty tended to come from medium-sized, master's-degree programs where the department chair was promoted from within the academic unit.

### **Research Question 3**

What are the most and least important roles and responsibilities of the department chair as perceived by physical therapy unit administrators and teaching faculty?

Section II of the survey instrument contained 45 roles and responsibilities a department chair might perform as part of his/her normal duties (see Table 31 in

Appendix C). All respondents were asked to indicate how important it was that the department chair personally perform each activity on a continuum from not important (1) to essential (7). Section III of the survey instrument asked respondents to select the five most and least important roles and responsibilities from those provided in section II. Research Question 3 was answered by comparing the means from section II of the survey instrument with the percentages from section III.

Table 31 in Appendix C summarizes a list of rankings by unit administrators and teaching faculty on all 45 roles and responsibilities from not important to essential. Roles with means from 5.50 and higher were considered "more important" and roles with 2.5 and lower as "less important." Physical therapy unit administrators identified 22 of the 45 roles as more important. Teaching faculty identified 20 of the 45 roles as more important (see Table 5). The difference between unit administrators and teaching faculty was that "update the physical therapy curriculum" and "assign faculty work" did not appear on the teaching faculty list. All other roles appeared on both lists.

One item, "help register students," was the only role that appeared less important by both unit administrators (mean = 2.10) and teaching faculty (mean = 1.73). Ranking by means of the 7-point scale revealed that both physical therapy unit administrators and teaching faculty indicated that a large portion of the given roles and responsibilities are more important for a department chair to perform personally and only one role as less important.

TABLE 5

**MORE IMPORTANT ROLES AND RESPONSIBILITIES  
AS PERCEIVED BY UNIT ADMINISTRATORS  
AND TEACHING FACULTY**

Unit Administrators		$\bar{x}$	Teaching Faculty		$\bar{x}$
1.	Develop long-range program goals	6.674	1.	Develop long-range program goals	6.482
4.	Motivate faculty	6.469	4.	Motivate faculty	6.206
6.	Update the physical therapy curriculum	5.719			
9.	Set academic standards	5.979	9.	Set academic standards	5.773
10.	Monitor academic standards	5.875	10.	Monitor academic standards	5.645
16.	Assign faculty work	5.802			
18.	Recruit new faculty	6.189	18.	Recruit new faculty	6.101
20.	Prepare physical therapy department budget	6.542	20.	Prepare physical therapy department budget	6.513
21.	Administer department budget	6.200	21.	Administer department budget	6.089
23.	Evaluate faculty performance to determine raises	6.604	23.	Evaluate faculty performance to determine raises	6.382
24.	Evaluate faculty performances to determine promotions	6.474	24.	Evaluate faculty performances to determine promotions	6.308
25.	Encourage faculty research and publications	6.427	25.	Encourage faculty research and publications	6.277
29.	Participate in committee work with the college/university	5.958	29.	Participate in committee work with the college/university	5.900
31.	Act as faculty advocate to higher administration	6.714	31.	Act as faculty advocate to higher administration	6.816
34.	Act as university/college advocate to faculty	6.083	34.	Act as university/college advocate to faculty	6.063
35.	Monitor accreditation standards	6.625	35.	Monitor accreditation standards	6.439
38.	Maintain department morale	6.365	38.	Maintain department morale	6.007
39.	Manage conflict	6.316	39.	Manage conflict	6.102
40.	Exhibit informal faculty leadership	6.347	40.	Exhibit informal faculty leadership	6.196
41.	Plan physical therapy department meetings	5.625	41.	Plan physical therapy department meetings	5.560
42.	Chair physical therapy department meetings	5.653	42.	Chair physical therapy department meetings	5.689
43.	Provide for flow of information to faculty	6.156	43.	Provide for flow of information to faculty	6.305

In section III of the survey instrument, respondents picked the five most and least important roles. Ninety-four physical therapy unit administrators and 531 teaching faculty for a total of 625 qualified candidates responded to the most important question on section III of the survey instrument. Table 32 in Appendix C summarizes the ranking for the 45 roles and responsibilities by the percentage of total respondents who selected each item as most important. Also included in Table 32 is the unit administrators and teaching faculty percentage totals. There were 95 unit administrators and 528 teaching faculty for a total of 623 qualified people who responded to the "least important" question. Table 33 of Appendix C summarizes the respondent-selected least important roles and responsibilities in total percentage order. As selected by the respondents, all 45 roles are listed along with the physical therapy unit administrator and teaching faculty percentage totals. An examination of Tables 32 and 33 revealed that the percentage of respondents who selected the top items is high, but the percentage rapidly decreases after the first few items.

A comparison was conducted between the top 10 items listed by means of the 7-point scale in section II and the percentage who picked items as most or least important in section III. Table 6 summarizes the comparison of rankings for physical therapy unit administrators on the 10 most important roles and responsibilities. The left side shows the ranking by means of the 7-point scale from not important (1) to essential (7). The right side shows the percentage rank of all unit administrators who selected the item as most important. Connecting lines were drawn to link identical items. All items on the left side have a mean of 6.32 or higher, whereas items on the right side start at 71.3% and

**TABLE 6**

**10 MOST IMPORTANT ROLES/RESPONSIBILITIES AS PERCEIVED BY ADMINISTRATORS BY MEANS  
ON A 7-POINT SCALE AND PERCENTAGE WHO SELECTED AS ONE OF FIVE MOST IMPORTANT**

Ranking by Mean	$\bar{x}$ of 7-point scale	Description	Item	Item	Description	% who selected as most important	Ranking by %
1	6.714	Act as faculty advocate to higher administration	31	31	Act as faculty advocate to higher administration	71.3	1
2	6.625	Monitor accreditation standards	35	1	Develop long-range program goals	54.3	2
3	6.604	Evaluate faculty performance to determine raises	23	20	Prepare the physical therapy department budget	40.4	3
4	6.542	Prepare the physical therapy department budget	20	24	Evaluate faculty performance to determine tenure and promotions	38.3	4
5	6.474	Evaluate faculty performance to determine tenure and promotions	24	4	Motivate faculty	34.0	5
6	6.469	Motivate faculty	4	35	Monitor accreditation standards	33.0	6
7	6.427	Encourage faculty research and publications	25	23	Evaluate faculty research and publications	24.5	7
8	6.365	Maintain department morale	38	25	Encourage faculty research and publications	20.2	8
9	6.347	Exhibit informal faculty leadership	40	38	Maintain department morale	20.2	8
10	6.316	Manage conflict	39	21	Administer the department budget	16.0	10
				40	Exhibit informal faculty leadership	16.0	10



rapidly decrease to 16.0%. Although unit administrators felt these roles are very important or essential, only two roles were selected by greater than 50% of unit administrators as the five most important roles. A closer examination reveals that item 1, "develop long-range program goals," was the second most important role as selected by 54.3% of unit administrators, but was not one of the 10 most important on the unit administrator mean rank side. Item 31, "acts as faculty advocate to higher administration," was at the top of both unit administrator lists. Seventy-one percent of the physical therapy unit administrators who responded felt that this is one of the five most important roles of the department chair. Nine of the 10 items appeared on both lists as shown by the connecting lines.

Table 7 displays a comparison of rankings for physical therapy teaching faculty for the 10 most important roles and responsibilities. The left side displays a ranking by means of the 7-point scale from not important (1) to essential (7). All means range from 6.82 to 6.20, thereby showing that teaching faculty in general see each of these roles as very important. On the right side of the table is the ranked percentage of respondents who felt that these roles were within the five most important. Two roles, "act as faculty advocate to higher administration" and "develop long range goals," were selected by over 50% of the responding teaching faculty as part of the five most important. Again the percentages start at 71.0% and rapidly decrease to 16.4%.

**TABLE 7**

**10 MOST IMPORTANT ROLES/RESPONSIBILITIES AS PERCEIVED BY TEACHING FACULTY BY MEANS  
ON A 7-POINT SCALE AND PERCENTAGE WHO SELECTED AS ONE OF FIVE LEAST IMPORTANT**

Ranking by Mean	$\bar{x}$ of 7-point scale	Description	Item	Item	Description	% who selected as most important	Ranking by %
1	6.816	Act as faculty advocate to higher administration	31	31	Act as faculty advocate to higher administration	71.0	1
2	6.513	Prepare the physical therapy department budget	20	1	Develop long-range program goals	59.9	2
3	6.482	Develop long-range program goals	1	20	Prepare the physical therapy department budget	42.0	3
4	6.439	Monitor accreditation standards	35	35	Monitor accreditation standards	36.7	4
5	6.382	Evaluate faculty performance to determine raises	23	24	Evaluate faculty performance to determine tenure and promotions	26.4	5
6	6.308	Evaluate faculty performance to determine tenure and promotions	24	23	Evaluate faculty performance to determine raises	24.5	6
7	6.305	Provide for flow of information to faculty	43	43	Provide for flow of information to faculty	22.2	7
8	6.277	Encourage faculty research and publications	25	4	Motivate faculty	20.9	8
9	6.206	Motivate faculty	4	25	Encourage faculty research and publications	16.4	9
10	6.196	Exhibit informal faculty leadership	40	40	Exhibit informal faculty leadership	16.4	10

A closer examination reveals that the same 10 roles are displayed on both sides of the table. Rankings of both sides of the table are almost identical as shown by the connecting lines. Item 31, "act as faculty advocate to higher administration," again appeared on the top of this list as most important by teaching faculty. Seventy-one percent of all teaching faculty who responded indicated it should be one of the five most important roles of the department chair.

Table 8 summarizes the 9 most important roles that were common for physical therapy unit administrators and the 10 most important roles that were common for teaching faculty. A comparison shows that 8 of the roles are common to both lists:

1. Motivate Faculty
2. Prepare the physical therapy department budget
3. Evaluate faculty performance to determine raises
4. Evaluate faculty performance to determine tenure and promotions
5. Encourage faculty research and publications
6. Act as faculty advocate to higher administration
7. Monitor accreditation status
8. Exhibit informal faculty leadership.

One additional role (maintain department morale) appeared on the physical therapy unit administrator list. Two additional roles appear on the teaching faculty list: "develop long-range program goals" and "provide for flow of information to faculty."

Table 9 summarizes a comparison of rankings for physical therapy unit administrators of the 10 least important roles and responsibilities of the department chair.

The left side of the table gives the mean rank for the 10 least important roles from section II of the survey instrument. The lowest mean equals the least important and is ranked as number 1. Means ranged from 2.10 to 4.28. The right half of the table is a ranking of the responses from unit administrators to the second question in section III of the survey instrument. Respondents were asked to select, from the section II, the five least important roles and responsibilities of the department chair. Rankings in this half of the table are based on the percentage of unit administrators who selected each variable. The highest percentage is ranked as number 1. Percentages ranged from 85.3 and rapidly

TABLE 8

**MOST IMPORTANT ROLES AND RESPONSIBILITIES OF THE  
PHYSICAL THERAPY DEPARTMENT CHAIR**

<b>9 Most Important Roles as Perceived by Physical Therapy Unit Administrators</b>		<b>10 Most Important Roles as Perceived by Physical Therapy Teaching Faculty</b>	
		1.	Develop long-range program goals
4.	Motivate faculty	4.	Motivate faculty
20.	Prepare the physical therapy department budget	20.	Prepare the physical therapy department budget
23.	Evaluate faculty performance to determine raises	23.	Evaluate faculty performance to determine raises
24.	Evaluate faculty performance to determine tenure and promotions	24.	Evaluate faculty performance to determine tenure and promotions
25.	Encourage faculty research and publications	25.	Encourage faculty research and publications
31.	Act as faculty advocate to higher administration	31.	Act as faculty advocate to higher administration
35.	Monitor accreditation standards	35.	Monitor accreditation standards
38.	Maintain department morale		
40.	Exhibit informal faculty leadership	40.	Exhibit informal faculty leadership
		43.	Provide for flow of information to faculty

TABLE 9

10 LEAST IMPORTANT ROLES/RESPONSIBILITIES AS PERCEIVED BY UNIT ADMINISTRATORS BY MEANS  
ON A 7-POINT SCALE AND PERCENTAGE WHO SELECTED AS ONE OF FIVE LEAST IMPORTANT

Ranking by Mean	$\bar{x}$ of 7-point scale	Description	Item	Item	Description	% who selected as least important	Ranking by %
1	2.105	Help students register	19	19	Help students register	85.3	1
2	2.916	Monitor building maintenance	3	3	Monitor building maintenance	60.0	2
3	3.406	Schedule classes	12	12	Schedule classes	56.8	3
4	3.617	Practice clinical physical therapy	32	45	Maintain accurate student records	35.8	4
5	3.688	Assign graduate assistants	15	15	Assign graduate assistants	31.6	5
6	3.792	Select new physical therapy students	17	13	Allocate facilities	29.5	6
7	3.958	Advise students	37	37	Advise students	25.3	7
8	4.021	Maintain accurate student records	45	32	Practice clinical physical therapy	24.2	8
9	4.125	Evaluate student research	26	17	Select new physical therapy students	22.1	9
10	4.281	Allocate facilities	13	2	Manage clerical staff	20.0	10

decreased to 20.0. Only three roles were selected by over 50% of the teaching faculty: "Help students register," "Monitor building maintenance," and "Schedule classes." The two least important lists were compared for similarities and differences. A connecting line was drawn to link identical items. Nine of the 10 least important roles appeared on both sides of the table. Differences include item 26: "Evaluate student research," which appeared ninth on the mean-ranking side, and item 2: "Manage clerical staff," which appeared 10th on the percentage-ranking side.

Table 10 is a comparison of the least important roles and responsibilities as perceived by physical therapy teaching faculty. The right half of the table shows the ranked means from the section II items on the survey instrument. Means ranged from 1.73 to 3.87. The left half shows the percentage of teaching faculty who picked items from section II as least important. Respondents were instructed to select five roles from section II as the least important and write them in section III. Percentages began at 87.1 and rapidly decreased to 17.8. Teaching faculty selected the same three least important roles as unit administrators by over 50% of the respondents. The teaching faculty mean and percentage lists were compared for similarities and differences by drawing a connecting line to link identical items. Examination revealed that all 10 items appeared on both sides of the table with only moderate shifts in ranks. Item 19, "help students register," was at the top of both lists followed by item 3, "monitor building maintenance," and item 12, "schedule classes."

TABLE 10

**10 LEAST IMPORTANT ROLES AND RESPONSIBILITIES AS PERCEIVED BY TEACHING FACULTY BY MEANS  
ON A 7-POINT SCALE AND PERCENTAGE WHO SELECTED AS ONE OF FIVE LEAST IMPORTANT**

Ranking by Mean	$\bar{x}$ of 7-point scale	Description	Item	Item	Description	% who selected as most important	Ranking by %
1	1.732	Help students register	19	19	Help students register	87.1	1
2	2.836	Monitor building maintenance	3	3	Monitor building maintenance	55.1	2
3	3.001	Schedule classes	12	12	Schedule classes	52.7	3
4	3.254	Select new physical therapy students	17	45 17	Maintain accurate student records	38.4	4
5	3.407	Practice clinical physical therapy	32		Select new physical therapy students	28.8	5
6	3.466	Advise students	37	2	Manage clerical staff	26.7	6
7	3.518	Maintain accurate student records	45	37	Advise students	25.4	7
8	3.739	Evaluate student research	26	32	Practice clinical physical therapy	25.2	8
9	3.765	Assign graduate assistants	15	15	Assign graduate assistants	18.8	9
10	3.867	Manage clerical staff	2	26	Evaluate student research	17.8	10

**TABLE 11**

**LEAST IMPORTANT ROLES AND RESPONSIBILITIES OF THE  
PHYSICAL THERAPY DEPARTMENT CHAIR**

<b>Nine Least Important Roles as Perceived by Physical Therapy Unit Administrators</b>	<b>Ten Least Important Roles as Perceived by Physical Therapy Teaching Faculty</b>
3. Monitor clerical staff 12. Schedule classes 13. Allocate facilities 15. Assign graduate assistants 17. Select new physical therapy students 19. Help students register 26. Evaluate student research 32. Practice clinical physical therapy 45. Maintain accurate student records	2. Manage clerical staff 3. Monitor clerical staff 12. Schedule classes 15. Assign graduate assistants 17. Select new physical therapy students 19. Help students register 26. Evaluate student research 32. Practice clinical physical therapy 37. Advise students 45. Maintain accurate student records

Table 11 lists the 9 least important roles that were common for physical therapy unit administrators and the 10 least important roles that were common for physical therapy teaching faculty. A comparison shows that 8 of the roles are identical on both lists:

1. Manage clerical staff
2. Schedule classes
3. Assign graduate assistants
4. Select new physical therapy students
5. Help students register
6. Evaluate student research
7. Practice clinical physical therapy
8. Maintain accurate student records.



One additional role, "allocate facilities," appeared on the physical therapy unit administrator list. Two additional roles appeared on the teaching faculty list: "manage clerical staff" and "advise students."

#### **Research Question 4**

Are there any differences between the perceptions of academic physical therapy unit administrators and teaching faculty in the importance of various roles and responsibilities of the physical therapy department chair?

Section I of the survey instrument contained items to screen and divide respondents into appropriate groups for analysis. Section II listed 45 roles and responsibilities a department chair might perform as part of his/her regular duties. All respondents were asked how important it was that the department chair personally perform each activity. Subjects indicated their response on a 7-point continuum from not important (1) to essential (7). An alpha level of  $<.05$  was utilized to signify statistical significance for all hypotheses. Due to the moderately large sample size, statistical significance does not always correlate with importance, which was discussed in chapter 3.

This question was answered with the following research hypotheses:

Hypothesis 1: "There are no significant differences between the perceptions of physical therapy unit administrators and teaching faculty in the importance of the 45 selected roles and responsibilities when controlled for gender and years in physical therapy education."

To test this hypothesis the 45 items in selection II of the survey instrument were analyzed individually with academic position utilizing a three-way analysis of variance to control for gender and years of involvement in physical therapy education. Academic position was divided into unit administrators and teaching faculty based on previously stated criteria. Years of involvement in physical therapy education was divided into low (less than 10), moderate (10-19.9), and high (20 and up). Table 31 in Appendix C summarizes the means of unit administrators and teaching faculty for the roles and responsibilities from section II of the survey instrument.

Table 34 in Appendix C shows the ANOVA results for the 45 roles when comparing unit administrators and teaching faculty while controlling for gender and years in physical therapy education. The varying sample size is due to missing data. Applying the alpha level of  $<.05$ , significant differences were found in 10 of the 45 roles and responsibilities of a department chair as perceived by physical therapy unit administrators and teaching faculty.

Null hypothesis 1 was rejected for item 7. "Update physical therapy course content."  $F(1,451) = 16.74, p = .000$ . It was concluded that physical therapy unit administrators (mean = 4.96) place a higher level of importance on updating physical therapy course content as a department chair role than do teaching faculty (mean = 4.07).

Null hypothesis 1 was rejected for item 8. "Recruit students."  $F(1,451) = 5.39, p = .021$ . It was concluded that physical therapy unit administrators (mean = 4.63) place a higher level of importance on recruiting students as a department chair role than do teaching faculty (mean = 4.02).

Null hypothesis 1 was rejected for item 16. "Assign faculty work."  $F(1,452) = 5.24$ ,  $p = .022$ . It was concluded that physical therapy unit administrators (mean = 5.87) place a higher level of importance on assigning faculty work as a department chair role than do teaching faculty (mean = 5.31).

Null hypothesis 1 was rejected for item 17. "Select new students."  $F(1,450) = 11.05$ ,  $p = .001$ . It was concluded that physical therapy unit administrators (mean = 3.87) place a higher level of importance on recruiting students as a department chair role than do teaching faculty (mean = 3.27).

Null hypothesis 1 was rejected for item 19. "Help students register."  $F(1,451) = 10.61$ ,  $p = .001$ . It was concluded that physical therapy unit administrators (mean = 2.13) place a higher level of importance on helping students register as a department chair role than do teaching faculty (mean = 1.69).

Null hypothesis 1 was rejected for item 24. "Evaluate faculty performance to determine tenure and promotions."  $F(1,450) = 6.70$ ,  $p = .010$ . It was concluded that physical therapy unit administrators (mean = 6.63) place a higher level of importance on evaluating faculty performance to determine tenure and promotion as a department chair role than do teaching faculty (mean = 6.26).

Null hypothesis 1 was rejected for item 27. "Teach students."  $F(1,452) = 9.50$ ,  $p = .002$ . It was concluded that physical therapy unit administrators (mean = 5.07) place a higher level of importance on teaching students as a department chair role than do teaching faculty (mean = 4.33).

Null hypothesis 1 was rejected for item 28, "Motivate students."  $F(1,449) = 4.57, p = .033$ . It was concluded that physical therapy unit administrators (mean = 5.37) place a higher level of importance on motivating students as a department chair role than do teaching faculty (mean = 4.86).

Null hypothesis 1 was rejected for item 37, "Advise students."  $F(1,451) = 6.24, p = .013$ . It was concluded that physical therapy unit administrators (mean = 3.98) place a higher level of importance on advising students as a department chair role than do teaching faculty (mean = 3.53).

Null hypothesis 1 was rejected for item 38, "Maintain department morale."  $F(1,451) = 4.03, p = .045$ . It was concluded that physical therapy unit administrators (mean = 6.40) place a higher level of importance on maintaining department morale as a department chair role than do teaching faculty (mean = 5.98).

From the preceding analysis regarding hypothesis 1 it was concluded that out of the 45 roles and responsibilities of the department chair, 10 were perceived differently between physical therapy unit administrators and teaching faculty. For these 10 items the null hypothesis was rejected. Physical therapy unit administrators in all cases place a higher level of importance on these items as roles of the department chair (see Table 12). For the remaining 35 items null hypothesis 1 was accepted as there were no significant differences between the groups.

Hypothesis 2a: "There are no significant interaction effects between the perceptions of male and female faculty in the importance of the 45 roles and responsibilities when grouped by academic position" and hypothesis 2b: "There are no significant differences

**TABLE 12**  
**SIGNIFICANT ITEMS FOR HYPOTHESIS 1**

Item	Role	Unit Adm mean	Teacher mean
7.	Update physical therapy course content	4.96	4.07
8.	Recruit students	4.63	4.02
16.	Assign faculty work	5.87	5.31
17.	Select new physical therapy students	3.87	3.27
19.	Help students register	2.13	1.69
24.	Evaluate faculty performance to determine tenure and promotions	6.63	6.26
27.	Teach students	5.07	4.33
28.	Motivate students	5.37	4.86
37.	Advise students	3.98	3.53
38.	Maintain department morale	6.40	5.98

between the perceptions of male and female faculty in the importance of the 45 roles and responsibilities."

To test these hypotheses, the 45 roles and responsibilities in section II of the survey instrument were examined individually with the respondents' gender and academic position by a two-way ANOVA. Academic position was divided into physical therapy unit administrators and teaching faculty based on the previously stated inclusion criteria. Statistical significance was again held at  $<.05$ . In this analysis, hypothesis 2a was accepted as there were no significant interaction effects. For hypothesis 2b there were six significant differences (see Table 35 in Appendix C).

Null hypothesis 2b was rejected for item 19, "Help students register,"  $F(1,491) = 8.57, p = .004$ . It was concluded that males (mean = 1.96) place a higher level of

importance on helping students register as a role of the department chair than do females (mean = 1.69).

Null hypothesis 2b was rejected for item 24, "Evaluate faculty performance to determine tenure and promotions."  $F(1,491) = 5.67, p = .018$ . It was concluded that females (mean = 6.40) place a higher level of importance on evaluating faculty performance to determine tenure and promotions as a role of the department chair than do males (mean = 6.12).

Null hypothesis 2b was rejected for item 29, "Participate in committee work with the college/university."  $F(1,491) = 4.93, p = .027$ . It was concluded that females (mean = 5.96) place a higher level of importance on participating in committee work with the college/university as a role of the department chair than do males (mean = 5.77).

Null hypothesis 2b was rejected for item 32, "Practice clinical physical therapy."  $F(1,491) = 6.34, p = .012$ . It was concluded that males (mean = 3.76) place a higher level of importance on practicing clinical physical therapy as a role of the department chair than do females (mean = 3.31).

Null hypothesis 2b was rejected for item 34, "Act as university/college advocate to faculty"  $F(1,491) = 4.29, p = .039$ . It was concluded that females (mean = 6.15) place a higher level of importance on acting as a university/college advocate to faculty as a role of the department chair than do males (mean = 5.77).

Null hypothesis 2b was rejected for item 40, "Exhibit informal faculty leadership"  $F(1,491) = 6.09, p = .014$ . It was concluded that females (mean = 6.29) place a higher

level of importance on exhibiting informal faculty leadership as a role of the department chair than do males (mean = 5.46).

From the analysis of hypothesis 2b, it was found that 6 out of the 45 roles and responsibilities of the department chair were perceived as significantly different between males and females in physical therapy units. For these items null hypothesis 2b was rejected. Females placed a higher level of importance on four of the six items as roles of the department chair (see Table 13). For the remaining 39 items, null hypothesis 2b was accepted as there were no significant differences between groups.

Hypothesis 3a: "There are no significant interaction effects between the perceptions of faculty who have taught for a low, moderate, or high number of years in physical therapy education in the importance of the 45 roles and responsibilities when grouped by academic position" and hypothesis 3b: "There are no significant differences between the perceptions of faculty who have taught for a low, moderate, or high number of years in physical therapy education in the importance of the 45 roles and responsibilities."

These hypotheses were tested on each of the 45 roles and responsibilities in section II of the survey instrument by a two-way ANOVA with the number of years the subject had been involved in physical therapy education as a faculty member and his/her academic position. The number of years involved in physical therapy education was grouped into low (less than 10), moderate (10 - 19.9), and high (20 and above).

Academic position was again divided into physical therapy unit administrators and teaching faculty based on the previously stated inclusion criteria. Statistical

**TABLE 13**  
**SIGNIFICANT ITEMS FOR HYPOTHESIS 2b**

Item	Role	Males mean	Females mean
19.	Help students register	1.96	1.69
24.	Evaluate faculty performance to determine tenure & promotions.	6.12	6.40
29.	Participate in committee work with the college or university	5.77	5.96
32.	Practice clinical physical therapy	3.76	3.31
34.	Act as university/college advocate to faculty	5.77	6.15
40.	Exhibit informal faculty leadership	5.96	6.29

significance was held at  $<.05$ . For hypothesis 3a there were four significant interaction effects.

Null hypothesis 3a was rejected for item 20, "Prepare the physical therapy department budget."  $F(2,593) = 3.04$ ,  $p = .049$  (see Table 14). It was concluded that unit administrators with 10-19.9 years of involvement in physical therapy education (mean = 6.77) place a higher level of importance on preparing the physical therapy budget than do unit administrators with 0-9.9 years of involvement (mean = 6.18),  $F(2,593) = 3.11$ ,  $p = .045$ . There were no other significant differences among unit administrators or teaching faculty for this item.

Null hypothesis 3a was rejected for item 31, "Act as faculty advocate to higher administration."  $F(2,593) = 3.34$ ,  $p = .036$  (see Table 15). It was concluded that unit



**TABLE 14**

**SIGNIFICANT INTERACTION EFFECTS FOR ACADEMIC POSITION BY  
YEARS IN PHYSICAL THERAPY EDUCATION ANOVA:  
ROLE 20, PREPARE THE PHYSICAL THERAPY  
DEPARTMENT BUDGET**

Group	Administrator	Teaching Faculty	Total
Low (0 - 9.9)	6.18	6.52	6.51
Moderate (10 - 19.9)	6.77	6.49	6.55
High (20 or more)	<u>6.47</u>	<u>6.48</u>	<u>6.48</u>
<b>Total</b>	<b>6.52</b>	<b>6.51</b>	<b>6.51</b>

**ANOVA TABLE**

	Sum of Squares	df	Mean Squares	F	Sig.
Academic Position	3.82	1	3.82	.049	.824
Years in Physical Therapy Education	3.65	2	1.83	2.36	.095
Academic Position X Years in PT Education	4.70	2	2.35	3.04	.049
Error	458.60	593	.77		
Total	463.63	598			

administrators with 0-9.9 years of involvement in physical therapy education (mean = 6.86) and unit administrators with 10-19.9 years of involvement (mean = 6.80) place a higher level of importance on acting as a faculty advocate to higher administration as a department chair role than do unit administrators with 20 or more years of involvement (mean = 6.50),  $F(2,593) = 3.70, p = .025$ . There were no other significant differences among unit administrators or teaching faculty for this item.

Null hypothesis 3a was rejected for item 41, "Plan physical therapy department meetings,"  $F(2,593) = 3.73, p = .024$  (see Table 16). It was concluded that teaching faculty with 0-9.9 years of involvement in physical therapy education (mean = 5.66) and

TABLE 15

**SIGNIFICANT INTERACTION EFFECTS FOR ACADEMIC POSITION BY  
YEARS IN PHYSICAL THERAPY EDUCATION ANOVA:  
ROLE 31, ACT AS FACULTY ADVOCATE  
TO HIGHER ADMINISTRATION**

Group	Administrator	Teaching Faculty	Total
Low (0 - 9.9)	6.86	6.80	6.81
Moderate (10 - 19.9)	6.80	6.83	6.83
High (20 or more)	<u>6.50</u>	<u>6.87</u>	<u>6.71</u>
<b>Total</b>	<b>6.70</b>	<b>6.82</b>	<b>6.80</b>

ANOVA TABLE

	Sum of Squares	<i>df</i>	Mean Squares	<i>F</i>	<i>Sig.</i>
Academic Position	.87	1	.87	2.79	.096
Years in Physical Therapy Education	1.09	2	.54	1.75	.174
Academic Position X Years in PT Education	2.08	2	1.04	3.34	.036
Error	184.43	593	.31		
Total	187.96	598			

TABLE 16

**SIGNIFICANT INTERACTION EFFECTS FOR ACADEMIC POSITION BY  
YEARS IN PHYSICAL THERAPY EDUCATION ANOVA:  
ROLE 41, PLAN PHYSICAL THERAPY  
DEPARTMENT MEETINGS**

Group	Administrator	Teaching Faculty	Total
Low (0 - 9.9)	5.27	5.66	5.64
Moderate (10 - 19.9)	6.03	5.36	5.50
High (20 or more)	<u>5.41</u>	<u>5.22</u>	<u>5.30</u>
<b>Total</b>	<b>5.62</b>	<b>5.54</b>	<b>5.55</b>

ANOVA TABLE

	Sum of Squares	<i>df</i>	Mean Squares	<i>F</i>	Sig.
Academic Position	1.65	1	1.65	.92	.337
Years in Physical Therapy Education	6.84	2	3.42	1.91	.149
Academic Position X Years in PT Education	13.36	2	6.68	3.73	.024
Error	1060.82	593	1.79		
Total	1085.48	598			

teaching faculty with 10-19.9 years of involvement (mean = 5.36) place a higher level of importance on planning physical therapy department meetings as a role of the department chair than do teaching faculty with 20 or more years of involvement (mean = 5.22),  $F(2,591) = 4.00$ ,  $p = .019$ . There were no other significant differences among teaching faculty or unit administrators for this item.

Null hypothesis 3a was rejected for item 43, "Provide for flow of information to faculty,"  $F(2,593) = 5.12$ ,  $p = .006$  (see Table 17). It was concluded that unit administrators with 10-19.9 years of involvement in physical therapy education (mean = 6.54) place a higher level of importance on providing for the flow of information to the

TABLE 17

**SIGNIFICANT INTERACTION EFFECTS FOR ACADEMIC POSITION BY  
YEARS IN PHYSICAL THERAPY EDUCATION ANOVA:  
ROLE 43, PROVIDE A FLOW OF  
INFORMATION TO FACULTY**

Group	Administrator	Teaching Faculty	Total
Low (0 - 9.9)	6.23	6.28	6.28
Moderate (10 - 19.9)	6.54	6.29	6.35
High (20 or more)	<u>5.74</u>	<u>6.43</u>	<u>6.14</u>
<b>Total</b>	<b>6.16</b>	<b>6.30</b>	<b>6.28</b>

ANOVA TABLE

	Sum of Squares	<i>df</i>	Mean Squares	<i>F</i>	Sig.
Academic Position	1.89	1	1.89	1.85	.174
Years in Physical Therapy Education	5.12	2	2.56	2.51	.082
Academic Position X Years in PT Education	10.43	2	5.22	5.12	.006
Error	604.67	593	1.02		
Total	618.36	598			

faculty as a department chair role than do unit administrators with 20 or more years of involvement (mean = 5.74),  $F(2,592) = 5.56$ ,  $p = .004$ . There were no other significant differences among unit administrators or teaching faculty for this item.

From the analysis of hypothesis 3a it was concluded that 4 out of the 45 roles and responsibilities of the department chair had significant interaction effects. For these items, null hypothesis 3a was rejected. For the remaining 41 items, null hypothesis 3a was accepted as there were no significant differences between the groups. Hypothesis 3b was accepted as there were no significant differences (see Table 36 in Appendix C).

Hypothesis 4a: "There are no significant interaction effects between the perceptions of faculty in small, medium, or large physical therapy units in the importance

of the 45 roles and responsibilities when grouped by academic position" and hypothesis 4b: "There are no significant differences between the perceptions of faculty in small, medium, or large physical therapy units in the importance of the 45 roles and responsibilities."

These hypotheses were tested on the 45 roles and responsibilities in section II of the survey instrument by a two-way ANOVA with the size of the program and the subject's academic position. The size of the program was determined by the number of full-time teaching faculty positions in the physical therapy program. This number was divided into small (0-7), medium (7.5-14), and large (14.5 and up). Academic position was divided into unit administrator and teaching faculty based on the previously stated inclusion criteria. Statistical significance was held at  $<.05$  and Student-Neuman-Keuls was employed to help identify significant group mean differences. For hypothesis 4a there were two significant interaction effects.

Null hypothesis 4a was rejected for item 13, "Allocate facilities,"  $F(2,595) = 4.82, p = .008$  (see Table 18). It was concluded that teaching faculty from large physical therapy units (mean = 4.82) place a higher level of importance on allocating facilities as a department chair role than do teaching faculty from medium-sized units (mean = 4.16),  $F(2,593) = 3.73, p = .025$ . There were no other significant differences among unit administrators or teaching faculty for this item.

Null hypothesis 4a was rejected for item 31, "Act as faculty advocate to higher administration,"  $F(2,595) = 3.78, p = .023$  (see Table 19). It was concluded that

**TABLE 18**

**SIGNIFICANT INTERACTION EFFECTS FOR ACADEMIC  
POSITION BY PROGRAM SIZE ANOVA:  
ROLE 13, ALLOCATE FACILITIES**

Group	Administrator	Teaching Faculty	Total
Small (0-7)	3.79	4.45	4.37
Medium (7.5-14)	4.63	4.16	4.24
Large (14.5 and up)	<u>3.77</u>	<u>4.82</u>	<u>4.63</u>
<b>Total</b>	<b>4.30</b>	<b>4.34</b>	<b>4.33</b>

**ANOVA TABLE**

	Sum of Squares	df	Mean Squares	F	Sig.
Academic Position	9.45	1	9.45	2.91	.089
Program Size	4.44	2	2.22	.68	.505
Academic Position X Program Size	31.30	2	15.65	4.82	.008
Error	1934.01	595	3.25		
Total	1974.55	600			

**TABLE 19**

**SIGNIFICANT INTERACTION EFFECTS FOR ACADEMIC  
POSITION BY PROGRAM SIZE ANOVA: ROLE 31,  
ACT AS A FACULTY ADVOCATE TO HIGHER  
ADMINISTRATION**

Group	Administrator	Teaching Faculty	Total
Small (0-7)	6.46	6.86	6.81
Medium (7.5-14)	6.76	6.82	6.81
Large (14.5 and up)	<u>6.92</u>	<u>6.89</u>	<u>6.90</u>
<b>Total</b>	<b>6.71</b>	<b>6.84</b>	<b>6.82</b>

**ANOVA TABLE**

	Sum of Squares	df	Mean Squares	F	Sig.
Academic Position	1.13	1	1.13	4.11	.043
Program Size	1.94	2	.97	3.52	.030
Academic Position X Program Size	2.08	2	1.04	3.78	.023

administrators from small physical therapy units (mean = 6.46) place a lower level of importance on acting as a faculty advocate to higher administration as a department chair role than do administrators from medium-sized (mean = 6.76) or large units (mean = 6.92),  $F(2,595) = 4.12, p = .017$ . There were no other significant differences among unit administrators or teaching faculty for this item.

From the analysis of hypothesis 4a, it was found that 2 of the 45 roles and responsibilities of the department chair had significant interaction effects. For these items null hypothesis 4a was rejected. For the remaining 43 items, null hypothesis 4a was accepted as there were no significant differences between the groups.

For hypothesis 4b there were eight significant differences found (see Table 37 in Appendix C).

Null hypothesis 4b was rejected for item 1, "Develop long-range program goals."  $F(2,595) = 5.22, p = .006$ . It was concluded that as the unit size increased (small = 6.32, medium = 6.50, large = 6.60), so did the importance of developing long-range program goals as a role of the department chair.

Null hypothesis 4b was rejected for item 2, "Manage clerical staff."  $F(2,595) = 15.47, p = .000$ . It was concluded that faculty in large units (mean = 2.94) place a lower level of importance on managing clerical staff as a role of the department chair than do faculty in small (mean = 4.13) or medium (mean = 4.05) units.

Null hypothesis 4b was rejected for item 11, "Determine course offerings."  $F(2,595) = 3.10, p = .046$ . It was concluded that faculty in large units (mean = 4.14) place a

lower level of importance on developing course offerings as a role of the department chair than do faculty in medium (mean = 4.53) or small (mean = 4.71) units.

Null hypothesis 4b was rejected for item 12, "Schedule classes."  $F(2,595) = 8.19, p = .000$ . It was concluded that faculty in large units (mean = 2.30) place a lower level of importance on scheduling classes as a role of the department chair than do faculty in medium (mean = 3.08) or small (mean = 3.37) units.

Null hypothesis 4b was rejected for item 17, "select new physical therapy students."  $F(2,595) = 4.48, p = .012$ . It was concluded that faculty in large units (mean = 2.86) place a lower level of importance on selecting new physical therapy students as a role of the department chair than do faculty in medium (mean = 3.32) or small (mean = 3.55) units.

Null hypothesis 4b was rejected for item 33, "Carry responsibilities in professional/scientific associations."  $F(2,595) = 5.57, p = .004$ . It was concluded that faculty in large units (mean = 5.70) place a higher level of importance on carrying responsibilities in professional/scientific associations as a role of the department chair than do faculty in medium (mean = 5.34) or small (mean = 5.17) units.

Null hypothesis 4b was rejected for item 37, "Advise students."  $F(2,595) = 5.39, p = .005$ . It was concluded that faculty in large units (mean = 2.89) place a lower level of importance on advising students as a role of the department chair than do faculty in medium (mean = 3.61) or small (mean = 3.67) units.

Null hypothesis 4b was rejected for item 45, "Maintain accurate student records."  $F(2,595) = 3.10, p = .046$ . It was concluded that faculty in large units (mean = 2.98)



place a lower level of importance on maintaining accurate students records as a role of the department chair than do faculty in medium (mean = 3.61) or small (mean = 3.86) units.

From the analysis of hypothesis 4b it was found that 8 out of the 45 roles and responsibilities of the department chair had significant differences. For seven of these eight differences, large units placed a lower level of importance than medium and small units (see Table 20). For the remaining 37 items, null hypotheses 4b was accepted as there were no significant differences between the groups.

Hypothesis 5a: "There are no significant interaction effects between the perceptions of faculty in units where the department chair was promoted from within or hired from external to the physical therapy unit in the importance of the 45 roles and responsibilities when grouped by academic position" and hypothesis 5b: "There are no

**TABLE 20**  
**SIGNIFICANT ITEMS FOR HYPOTHESIS 4b**

Item	Role	Small Units (mean)	Medium Units (mean)	Large Units (mean)
1.	Develop long-range program goals	6.32 <sup>a</sup>	6.50 <sup>ab</sup>	6.60 <sup>b</sup>
2.	Manage clerical staff	4.13 <sup>b</sup>	4.05 <sup>b</sup>	2.94 <sup>a</sup>
11.	Determine course offerings	4.17 <sup>b</sup>	4.53 <sup>b</sup>	4.14 <sup>a</sup>
12.	Schedule classes	3.37 <sup>b</sup>	3.08 <sup>b</sup>	2.30 <sup>a</sup>
17.	Select new physical therapy students	3.55 <sup>b</sup>	3.32 <sup>b</sup>	2.86 <sup>a</sup>
33.	Carry responsibilities in professional/scientific associations	5.17 <sup>b</sup>	5.34 <sup>b</sup>	5.70 <sup>a</sup>
37.	Advise students	3.67 <sup>b</sup>	3.61 <sup>b</sup>	2.89 <sup>a</sup>
45.	Maintain accurate student records	3.86 <sup>b</sup>	3.61 <sup>b</sup>	2.98 <sup>a</sup>

a,b = homogeneous subsets.

significant differences between the perceptions of faculty in units where the department chair was promoted from within or hired from external to the physical therapy unit in the importance of the 45 roles and responsibilities."

These hypotheses were tested on each of the 45 roles and responsibilities in section II of the survey instrument by a two-way ANOVA with the selection of the current department chair and the subject's academic position. Academic position was divided into physical therapy unit administrator and teaching faculty based on previously stated criteria. Statistical significance was held at  $<.05$ . For hypothesis 5a, there were two significant interaction effects.

Null hypothesis 5a was rejected for item 13, "Allocate facilities."  $F(1,581) = 4.43, p = .036$  (see Table 21). It was concluded that teaching faculty from units where the

**TABLE 21**  
**SIGNIFICANT INTERACTION EFFECTS FOR ACADEMIC POSITION**  
**BY DEPARTMENT CHAIR SELECTION ANOVA:**  
**ROLE 13, ALLOCATE FACILITIES**

Groups	Administrator	Teaching Faculty	Total
Promoted From Within	4.47	4.14	4.19
Hired From External	<u>3.97</u>	<u>4.54</u>	<u>4.46</u>
Total	4.27	4.30	4.29

**ANOVA TABLE**

	Sum of Squares	df	Mean Squares	F	Sig.
Academic Position	.99	1	.32	.32	.515
Years in Physical Therapy Education	.17	1	.17	.05	.816
Academic Position X Yrs in PT Education	13.96	1	13.96	4.43	.036
Error	1830.60	581	3.15		

program director was hired from external to the unit (mean = 4.54) place a higher level of importance on allocating facilities as a more important role of the department chair than do faculty from units where the department chair was promoted from within (mean = 4.14),  $F(1,579) = 6.09, p = .014$ . There were no significant differences among unit administrators.

Null hypothesis 5a was rejected for item 32, "Practice clinical physical therapy."  $F(1,581) = 4.34, p = .038$  (see Table 22). It was concluded that unit administrators from units where the program director was promoted from within the unit (mean = 3.49) place a higher level of importance on practicing clinical physical therapy as a more important role of the department chair than do unit administrators from units where the department

**TABLE 22**  
**SIGNIFICANT INTERACTION EFFECTS FOR ACADEMIC POSITION**  
**BY DEPARTMENT CHAIR SELECTION ANOVA: ROLE 32,**  
**PRACTICE CLINICAL PHYSICAL THERAPY**

Group	Administrator	Teaching Faculty	Total
Promoted From Within	3.89	3.39	3.46
Hired From External	<u>3.18</u>	<u>3.46</u>	<u>3.42</u>
Total	3.61	3.42	3.44

**ANOVA TABLE**

	Sum of Squares	df	Mean Squares	F	Sig.
Academic Position	.87	1	.87	.36	.548
Years in Physical Therapy Education	6.99	1	6.99	2.90	.089
Academic Position X Yrs in PT Education	10.44	1	10.44	4.34	.038
Error	1398.50	581	2.41		
Total	1411.94	584			

chair was hired from external to the unit (mean = 3.18),  $F(1.579) = 4.25$ ,  $p = .040$ . There were no significant differences among teaching faculty.

From the analysis of hypothesis 5a, it was concluded that 2 of the 45 roles and responsibilities of the department chair had significant interaction effects. For these items, null hypothesis 5a was rejected. For the remaining 43 items, null hypothesis 5a was accepted as there were no significant differences between the groups.

For hypothesis 5b, there were 4 significant differences found (see Table 38 in Appendix C).

Null hypothesis 5b was rejected for item 12, "Schedule classes."  $F(1.581) = 10.22$ ,  $p = .001$ . It was concluded that teaching faculty from units where the program director was hired from external to the unit (mean = 3.48) place a higher level of importance on scheduling classes as a more important role of the department chair than do faculty from units where the department chair was promoted from within (mean = 2.79).

Null hypothesis 5b was rejected for item 14, "procure research funding."  $F(1.581) = 8.57$ ,  $p = .004$ . It was concluded that faculty from units where the department chair was hired from external to the unit (mean = 3.97) place a higher level of importance on procuring research funding as a more important role of the department chair than do faculty from units where the department chair was promoted from within (mean = 3.59).

Null hypothesis 5b was rejected for item 19, "Help students register."  $F(1.581) = 4.90$ ,  $p = .027$ . It was concluded that faculty from units where the department chair was hired from external to the unit (mean = 2.00) place a higher level of importance on

helping students register as a more important role of the department chair than do faculty from units where the department chair was promoted from within (mean = 1.68).

Null hypothesis 5b was rejected for item 37, "Advise students."  $F(1,581) = 3.99$ ,  $p = .046$ . It was concluded that faculty from units where the department chair was promoted from within the unit (mean = 3.64) place a higher level of importance on advising students as a more important role of the department chair than do faculty from units where the department chair was hired from external to the unit (mean = 3.37).

From the analysis of hypothesis 5b it was found that 4 out of the 45 roles and responsibilities of the department chair had significant differences. In three of the four differences the faculty from units where the department chair was hired from external to the unit indicated the role as more important than faculty from units where the department chair was promoted from within the unit (see Table 23). For the remaining 41 items, null hypothesis 5b of no significant differences between the groups was accepted.

**TABLE 23**  
**SIGNIFICANT ITEMS FOR HYPOTHESIS 5b**

Item	Role	Promoted From Within (mean)	Hired From External (mean)
12.	Schedule classes	2.79	3.48
14.	Assign graduate assistants	3.59	3.97
19.	Help students register	1.68	2.00
37.	Advise students	3.64	3.37

Hypothesis 6: "There are no significant differences between the perceptions of physical therapy unit administrators and teaching faculty in the most and least important roles and responsibilities of the department chair."

To test hypothesis 6, a chi-square analysis was performed. First, the 11 most important roles identified in research question 3 and summarized in Table 8 were analyzed individually between the physical therapy unit administrators and teaching faculty's response to section III of the survey instrument. The chi-square test indicated two "most important" roles to be significantly different at <.05 level. Table 24 summarizes the chi-square analysis for the 11 items that were most important.

Null hypothesis 6 was rejected for item 4, "Motivate faculty."  $\chi^2 (1) = 7.813, p = .005$ . It was concluded that significantly more unit administrators (34.0%) than teaching

**TABLE 24**  
**CHI-SQUARE ANALYSIS OF THE 11 MOST IMPORTANT**  
**ROLES AND RESPONSIBILITIES**

Item	Description of the Item	Value	df	p
1	Develop long-range program goals	1.047	1	.306
4	Motivate faculty	7.813	1	.005*
20	Prepare the physical therapy department budget	.081	1	.776
23	Evaluate faculty performance to determine raises	.000	1	.998
24	Evaluate faculty performance to determine tenure and promotions	5.621	1	.018*
25	Encourage faculty research and publications	.831	1	.362
31	Act as faculty advocate to higher administration	.024	1	.877
35	Monitor accreditation standards	.485	1	.486
38	Maintain department morale	1.018	1	.313
40	Exhibit informal faculty leadership	.011	1	.918
43	Provide for flow of information to faculty	2.575	1	.109

\* = Significantly different items.

faculty (20.9%) selected this role as one of the five most important activities of the department chair. Motivating faculty as a department chair role had a fifth-place ranking among unit administrators (Table 6) and an eighth-place ranking among teaching faculty (Table 7).

Null hypothesis 6 was rejected for item 24. "Evaluate faculty performance to determine tenure and promotions."  $\chi^2 (1) = 5.62, p = .018$ . It was concluded that significantly more unit administrators (38.3%) than teaching faculty (26.6%) selected this item as one of the five most important roles of the department chair. Evaluate faculty performance to determine tenure and promotions as a department chair role had a fourth-place ranking by unit administrators (Table 6) and a fifth-place ranking by teaching faculty (Table 7).

From the previous analysis regarding the 11 most important roles of the department chair, 9 were determined by chi-square analysis not to be significantly different between the groups, therefore the null hypothesis for these items was accepted. Two of the roles were found to have significant differences. In these two cases null hypothesis 6 was rejected.

The 11 least important roles identified in research question 3 and summarized in Table 11 were analyzed individually between the physical therapy unit administrators and teaching faculty's response to section III of the survey instrument. The chi-square test indicated 2 least important roles to be significantly different at the  $<.05$  level. Table 25 summarizes the chi-square analysis for the 11 items that were least important.

**TABLE 25**  
**CHI-SQUARE ANALYSIS OF THE 11 LEAST IMPORTANT**  
**ROLES AND RESPONSIBILITIES**

Item	Description of the Item	Value	df	p
2	Manage clerical staff	1.896	1	.169
3	Monitor building maintenance	.631	1	.427
12	Schedule classes	.620	1	.431
13	Allocate facilities	7.805	1	.005*
15	Assign graduate assistants	8.071	1	.004*
17	Select new physical therapy students	1.793	1	.181
19	Help students register	.194	1	.659
26	Evaluate student research	1.426	1	.232
32	Practice clinical physical therapy	.041	1	.839
37	Advise students	.001	1	.981
45	Maintain accurate student records	.208	1	.648

\* = significantly different items.

Null hypothesis 6 was rejected for item 13, "allocate facilities."  $\chi^2 (1) = 7.805$ ,  $p = .005$ . It was concluded that significantly more unit administrators (29.5%) than teaching faculty (17.2%) selected this role as one of the five least important roles. Allocating facilities as a department chair role had a sixth-place ranking among unit administrators (Table 9) and an eleventh-place ranking or "no ranking" by teaching faculty (Table 10).

Null hypothesis 6 was rejected for item 15, "Assign graduate assistants."  $\chi^2 (1) = 8.071$ ,  $p = .004$ . It was concluded that significantly more unit administrators (31.6%) than teaching faculty (18.8%) selected this item as one of the five least important roles of the department chair. Assigning graduate students as a department chair role had a fifth-place ranking by unit administrators (Table 9) and a ninth-place ranking by teaching faculty (Table 10).



From the previous analysis regarding the 11 least important roles of the department chair, 9 were determined by chi-square analysis not to be significantly different between the groups, therefore null hypothesis 6 was accepted. Two of these roles were found to have significant differences. In these two cases, null hypothesis 6 was rejected.

To answer null hypothesis 6, section III of the survey instrument was analyzed. Respondents were placed into two groups (physical therapy unit administrators and teaching faculty) based on the previous criteria. Respondents picked the five most and least important roles of the department chair from section II and recorded them in section III. These items were ranked by the percentages of each group that picked each item. Responses to the 10 most and least important items in section III were analyzed. A chi-square test found two significant most-important differences and two significant least-important differences between administrators and teaching faculty. The null hypothesis was rejected for these items. For the remaining items, the null hypothesis 6 was accepted.

### **Research Question 5**

Are there any differences between the perceptions of academic physical therapy unit administrators and teaching faculty in the importance of selected characteristics of the physical therapy department chair?

This question was answered with the following research hypothesis.

Hypothesis 7: "There are no significant differences between the perceptions of academic physical therapy unit administrators and teaching faculty in ranked importance of the 15 selected desirable characteristics of a physical therapy department chair."

Section IV of the survey instrument contained 15 desirable characteristics a department chair might have. These were stated in alphabetical order. Subjects were asked to rank the characteristics from most important (1) to least important (15). Academic position was divided into unit administrators and teaching faculty based on previously stated criteria. For descriptive purposes these 15 characteristics were divided into three equal groups: most important, moderately important, and least important.

Table 26 summarizes the five most important characteristics as indicated by physical therapy unit administrators and teaching faculty. Items were placed in mean order of the 1 through 15 ranking assigned each characteristic by the subjects. The percentage of subjects who listed each of the characteristics among the five most important is also presented. The table summary reveals that the same five items appeared for both the physical therapy unit administrators and teaching faculty. It further reveals that these items are in identical order. Percentages of administrators who selected these as one of the five most important range from 91.58 to 56.84, while means ranged from 2.56 to 5.53. Percentages of teaching faculty who selected these items as one of the five most important range from 89.14 to 45.22 whereas the means ranged from 2.81 to 6.25.

TABLE 26

**FIVE MOST IMPORTANT CHARACTERISTICS OF A  
PHYSICAL THERAPY DEPARTMENT CHAIR**

Rank	Item	Description	Administrators (n = 94)	
			Mean <sup>a</sup>	% <sup>b</sup>
1	10	Listens carefully and communicates effectively	2.56	91.58
2	8	Honest and trustworthy	3.22	81.05
3	2	Creative and has new ideas	4.82	67.37
4	13	Responsive and takes an interest in others	5.33	60.00
5	7	Helpful and supportive of others	5.53	56.84

Rank	Item	Description	Teaching Faculty (n=534)	
			Mean <sup>a</sup>	% <sup>b</sup>
1	10	Listens carefully and communicates effectively	2.81	89.14
2	8	Honest and trustworthy	3.21	80.45
3	2	Creative and has new ideas	5.52	56.55
4	13	Responsive and takes an interest in others	6.02	50.09
5	7	Helpful and supportive of others	6.25	45.22

<sup>a</sup> = mean of a 1-15 ranked score.

<sup>b</sup> = % of subjects who placed item in five most important.

Table 27 lists the five least important characteristics as indicated by physical therapy unit administrators and teaching faculty. Items were again placed in mean order of the 1 through 15 ranking assigned by the subjects. The percentage of subjects who listed each of the characteristics among the five least important is again presented. This table shows that the same five items are on both the physical therapy unit administrators list and the teaching faculty list with one exception. For administrators, there is a different item in the fifth position if ranked by percentage. For item 12, "Orderly and efficient," 38.95% of administrators selected this item among the least important as

compared to item 6, "good sense of humor," at 38.30%. Because there is essentially no difference between these two percentages, it was decided to keep the item in the order of mean responses. Percentages of administrators who selected these items as one of the five least important range from 82.11 to 38.30% while the means ranged from 12.66 to 9.34. Percentages of teaching faculty who selected these items as one of the five least important range from 76.69 to 50.09 while means ranged from 12.30 to 9.78.

**TABLE 27**  
**FIVE LEAST IMPORTANT CHARACTERISTICS OF A**  
**PHYSICAL THERAPY DEPARTMENT CHAIR**

Rank	Item	Description	Administrators (n = 94)	
			Mean <sup>a</sup>	% <sup>b</sup>
1	3	Follows advice of others	12.66	82.11
2	11	Never becomes angry, stays composed	12.58	80.65
3	5	Friendly and sociable	11.39	72.04
4	4	Follows rules and procedures	10.72	61.05
5	6	Good sense of humor	9.34	38.30*

Rank	Item	Description	Teaching Faculty (n=534)	
			Mean <sup>a</sup>	% <sup>b</sup>
1	11	Never becomes angry, stays composed	12.30	76.69
2	3	Follows advice of others	12.06	75.19
3	5	Friendly and sociable	11.09	65.67
4	6	Good sense of humor	10.32	54.22
5	4	Follows rules and procedures	9.78	50.09

<sup>a</sup> = mean of a 1-15 ranked score.

<sup>b</sup> = % of subjects who placed item in five most important.

\* = Item 12: "Orderly and efficient" was 38.95% for administrators.

To test the significance of this hypothesis, the 15 items in section IV of the survey instrument were divided into five groups: most important (1-3), important (4-6), neutral

(7-9), less important (10-12), and least important (13-15). Physical therapy unit administrators and teaching faculty were again analyzed for differences. A chi-square test was utilized for each of the 15 items individually. The significance level of probability was set at  $<.05$ . The chi-square analysis indicated that two items were significantly different between the perceptions of physical therapy unit administrators and teaching faculty.

Null hypothesis 7 was rejected for item 12, "Orderly and efficient."  $\chi^2 (4) = 13.50$ ,  $p = .009$ . It was concluded that more teaching faculty (37.8%) than unit administrators (22.1%) felt that being orderly and efficient were more important (most important or important) characteristics of the department chair (see Table 28).

Null hypothesis 7 was rejected for item 14, "Says what he/she thinks, is open."  $\chi^2 (4) = 11.05$ ,  $p = .026$ . It was concluded that more administrators (36.8%) than teaching faculty (23.3%) felt that saying what they think is a neutral characteristic of the department chair (see Table 29).

An analysis of hypothesis 7 suggests that physical therapy unit administrators and teaching faculty both perceived the same most and least important desirable characteristics of the department chair. The chi-square test of significance revealed two significantly different perceptions between the two groups. For these two items null hypothesis 7 was rejected even though the differences are small. For the remaining 13 items, null hypothesis 7 was accepted as there were no significant differences between the groups.

TABLE 28

**CHI-SQUARE RESULTS FOR ITEM 12:  
ORDERLY AND EFFICIENT**

Item	Description	Value	df	p
12	Orderly and efficient	13.505	4	.009*

	Most Important	Important	Neutral	Less Important	Least Important	Total
Administrators	4.2%	17.9%	33.7%	27.4%	16.8%	100%
Teacher/ACCE	<u>17.3%</u>	<u>20.5%</u>	<u>23.1%</u>	<u>25.1%</u>	<u>14.1%</u>	<u>100%</u>
Total	15.3%	20.1%	24.7%	25.5%	14.5%	100%

\*Significant at < .05.

TABLE 29

**CHI-SQUARE RESULTS FOR ITEM 14: SAYS  
WHAT HE/SHE THINKS, IS OPEN**

Item	Description	Value	df	p
14	Says what he/she thinks, is open	11.046	4	.026*

	Most Important	Important	Neutral	Less Important	Least Important	Total
Administrators	5.3%	21.1%	36.8%	28.4%	8.4%	100%
Teacher/ACCE	<u>11.4%</u>	<u>23.8%</u>	<u>23.3%</u>	<u>27.4%</u>	<u>14.1%</u>	<u>100%</u>
Total	10.5%	23.4%	25.3%	27.5%	13.2%	100%

\*Significant at < .05.

### Summary

Five research questions and seven null hypotheses were analyzed in this chapter. The statistical approach utilized to answer the research questions and test the hypotheses were descriptive statistics, chi-square, and an analysis of variance (ANOVA) with post

hoc Student-Neuman-Keuls and *t*-tests for significant differences. The data from the preceding research questions are summarized below.

Physical therapy unit administrators were more frequently females between the ages of 40 and 60 who held a doctorate degree, worked full time, and carried the rank of associate professor or higher. They were also physical therapists who had been involved with physical therapy education for 10 years or longer but were not currently seeing patients.

Physical therapy teaching faculty were more frequently females between the ages of 30 and 50 who held a master's degree, worked full time, and carried the rank of assistant professor or lower. They were also physical therapists who had been involved with physical therapy education for one half to 10 years and were seeing patients for up to 8 hours per week (42%) or not at all (37%).

The most important roles and responsibilities that were common to both physical therapy unit administrators and teaching faculty were: motivate faculty, prepare the physical therapy budget, evaluate faculty performance to determine raises, evaluate faculty performance to determine tenure and promotions, encourage faculty research and publications, act as faculty advocate to higher administration, monitor accreditation standards, and exhibit informal faculty leadership.

The least important roles and responsibilities that were common to both physical therapy unit administrators and teaching faculty were: monitor clerical staff, schedule classes, assign graduate assistants, select new physical therapy students, help students

register, evaluate research, practice clinical physical therapy, and maintain accurate student records.

In comparing the physical therapy unit administrators and teaching faculty while controlling for the effect of gender and years of involvement in physical therapy education on the 45 roles of the department chair, the following were found to be significantly different: update physical therapy course content, recruit students, assign faculty work, select new physical therapy students, help students register, evaluate faculty performance to determine tenure and promotions, teach students, motivate students, advise students, and maintain department morale. In all cases, unit administrators placed a higher level of importance on these items as a role of the department chair.

The perceptions of male and female faculty in the importance of the 45 roles and responsibilities revealed six significant differences. These include: help students register, evaluate faculty performance to determine tenure and promotion, participate in committee work with the college or university, participate in clinical physical therapy, act as university/college advocate to faculty, and exhibit informal faculty leadership.

There were significant interaction effects between the perceptions of faculty who have taught for a low, moderate, or high number of years in physical therapy education and academic position on the following four roles: prepare the physical therapy budget, act as faculty advocate to higher administration, plan the physical therapy department meetings, and provide a flow of information to the faculty.

Significant interaction effects were found between the perceptions of faculty in small, medium, or large physical therapy units and academic position on the following



two roles: allocate facilities and act as faculty advocate to higher administration. There were also eight significant differences in the perception of faculty in small, medium, or large units. These are: develop long-range goals, maintain clerical staff, determine course offering, schedule classes, select new physical therapy students, carry responsibility in professional/scientific associations, advise students, and maintain accurate student records.

Significant interaction effects were found between the perceptions of faculty in units where the department chair was promoted from within or hired from external to the physical therapy unit and academic position on the following two roles: allocate facilities and practice clinical physical therapy. There were also four significant differences in the perceptions of faculty in units where the department chair was promoted from within or hired from external to the unit. These are: schedule classes, assign graduate assistants, help students register, and advise students.

Significant differences were found between the perceptions of physical therapy unit administrators and teaching faculty on the most and least important roles of the department chair. Most important role differences include: motivate faculty and evaluate faculty performance to determine tenure and promotions. Least important role differences included: allocate facilities and assign graduate assistants. Table 30 summarizes all significant department chair roles.

The five most important characteristics of the department chair as determined by physical therapy unit administrators and teaching faculty are: listens carefully and communicates effectively, honest and trustworthy, creative and has new ideas, responsive

and takes an interest in others, and helpful and supportive of others. The least important characteristics include: follows the advice of others, never becomes angry, stays composed, friendly and sociable, follows rules and procedures, and has good sense of humor. There were significant differences between the perceptions of unit administrators and teaching faculty on the following two characteristics: orderly and efficient and says what he/she thinks, is open.

TABLE 30

**SUMMARY OF HYPOTHESES FOR RESEARCH  
QUESTION 4**

Role	Hypotheses									
	1	2a	2b	3a	3b	4a	4b	5a	5b	6
1. Develop long-range program goals							*			
2. Manage clerical staff							*			
3. Monitor building maintenance										
4. Motivate faculty										*
5. Write grants										
6. Update the physical therapy curriculum										
7. Update physical therapy course content	*									
8. Recruit students	*									
9. Set academic standards										
10. Monitor academic standards										
11. Determine course offerings							*			
12. Schedule classes							*		*	
13. Allocate facilities						*		*		*
14. Procure research funding									*	
15. Assign graduate assistants										*
16. Assign faculty work	*									
17. Select new physical therapy students	*						*			
18. Recruit new faculty										
19. Help students register	*		*						*	
20. Prepare the physical therapy department budget				*						
21. Administer the department budget										
22. Monitor success of graduates										
23. Evaluate faculty performance to determine raises										

TABLE 30--*Continued.*

Role	1	2a	2b	3a	3b	4a	4b	5a	5b	6
24. Evaluate faculty performance to determine tenure and promotions	*		*							*
25. Encourage faculty research and publications										
26. Evaluate student research										
27. Teach students	*									
28. Motivate students	*									
29. Participate in committee work with the college/university			*							
30. Conduct personal research										
31. Act as faculty advocate to higher administration				*		*				
32. Practice clinical physical therapy			*					*		
33. Carry responsibilities in Professional/Scientific Associations							*			
34. Act as University/College advocate to faculty			*							
35. Monitor accreditation standards										
36. Spearhead fund raising										
37. Advise students	*		*				*		*	
38. Maintain department morale	*									
39. Manage conflict										
40. Exhibit informal faculty leadership			*							
41. Plan physical therapy department meetings				*						
42. Chair physical therapy department meetings										
43. Provide for flow of information to faculty				*						
44. Coordinate physical therapy department activities with outside groups										
45. Maintain accurate student records							*			

\* = Significantly different groups.

## CHAPTER V

### SUMMARY, RESULTS, CONCLUSIONS, AND RECOMMENDATIONS

Physical therapist education programs have been in existence for a relatively short period of time. The first bachelor's degree for physical therapists was not offered until 1927. The first master's degree program began in 1960 and a doctorate degree program in 1973. The role of the department chair in physical therapy education has grown along with the evolution of the education process. As with other disciplines, the department chair began as a senior professor within the department and has grown into the complex position of today. Current physical therapy department chairs are responsible for keeping up-to-date on rapidly changing practice standards and the fluctuating physical therapy job market.

To date, no significant study on the roles, responsibilities, and characteristics specific to the physical therapy department chair has been done. Therefore the primary purpose of this study was to determine the importance of selected roles and responsibilities a physical therapy department chair might perform as perceived by physical therapy unit administrators and teaching faculty in accredited, entry-level physical therapy programs. The secondary purpose of this study was to determine the

importance of selected desirable characteristics of the department chair as perceived by physical therapy unit administrators and teaching faculty.

This study is important in that it was the first substantial research on the perceived roles and responsibilities of the department chair to be carried out on all entry-level physical therapist education units in the United States. An analysis of the physical therapy department chairs' roles and responsibilities as perceived by physical therapy unit administrators and teaching faculty will provide valuable insight to administrators, department chairs, faculty, and students in various ways.

The results of this study are beneficial to administrators as a basis for training new or current department chairs of physical therapist education programs. This study could be utilized to assist in developing a job description for physical therapy department chairs and department chairs in general. Information in this study could also aid in developing a screening tool for hiring department chairs.

Department chairs in physical therapy units play a key role in the administrative leadership of the academic unit. This study will help department chairs lead in a more effective manner by defining the most and least important roles of their position as perceived by unit administrators and teaching faculty. A greater understanding of these perceptions will help eliminate role ambiguity and stress that arise due to misperceptions of the department chair roles and responsibilities.

This study is useful to teaching faculty in that it gives them greater insight into the perceptions of how physical therapy unit administrators and other teaching faculty view the role of the department chair. A close look at the similarities and differences will offer

opportunities for better communication between the two groups. Finally, this study could be useful to students of physical therapist programs by giving them practical insights into how the roles and responsibilities of their department chair might encompass them.

Each of these groups perceives the role of the department chair differently to some extent. Even though these roles are not written, in most cases they have an effect on the success or failure of the department chair. Differences of opinion cause role ambiguity and conflict, which can lead to the deterioration of the academic unit. It is hoped that the results of this study will place more awareness on the roles of the department chair in physical therapy education and thereby provide strength to the physical therapy academic unit.

### **Overview of the Literature**

The literature reviewed focused on the roles and responsibilities of the department chair in higher education. Four specific groups were reviewed: university or college administrators, teaching faculty, department chair, and health science faculty. The theory of role dynamics developed by Kahn et al. (1981) provided the theoretical framework for this study.

Several researchers studied the department chair role as perceived by university/college administrators. Williams (1991) defined the department chair as much more than a faculty representative to higher administration: he/she is a key university administrator who must act as the university's advocate to the faculty. Department chairs are the first-line administrators responsible for goal setting, planning budget, and

allocating resources. Maerten (1991) found that the most important roles were communicator, advocate, and decision maker, and the least important roles were recruiter, researcher, and teacher. Bennett (1990) asserted that chairs are key constituents for deans. Chairs and deans should work together on evaluation, budget, curricular innovation, admissions, communication, and maintaining a united front. Katz (1974) contended that effective chairs require three major skills: human relations, conceptual, and technical. Maerten (1991) identified the following five characteristics as most important for department chairs: listens carefully and communicates effectively, honest and trustworthy, creative and has new ideas, helpful and supportive of others, and orderly and efficient. The California State University, Sacramento, personnel manual (1997) describes the department chair as a faculty member who has the function of running the business of the department.

A review of literature pertaining to the teaching faculty's perceptions of the department chair's roles revealed the following results. Knight and Holen (1985) divided the roles into initiating structure and consideration. Responsibilities of the department chair included communicating department needs to administration, assessing faculty performance, rewarding faculty performance, recruiting faculty, fostering good teaching and faculty development, stimulating research, improving the department image, and encouraging a departmental balance of specialization among faculty. The conclusion of this study was that effective department chairs were those that rated high on both *initiating structure and consideration in all of the above responsibilities*. Neuman and Boris (1978) proposed that department chair roles can be divided into people or task-



oriented groups. People-oriented roles included student affairs, recruiting and hiring, fund-raising, and passing requests to upper administration. Task-oriented roles included passing administrative decisions down to the department, and managing budget, finance, and routine administrative details. Through factor analysis, Hoyt and Spangler (1979) divided the roles of a department chair into three activities: personnel management, departmental planning and development, and building the department's reputations.

Literature reviewed on the role of the department chair as perceived by department chairs suggested that differences of opinion exist. McLaughlin et al. (1975) found that chairs enjoyed the academic roles but were frustrated with the lack of time. The administrative roles took the most amount of time and had the least desirable activities. The most important roles were in leadership. Among these, developing abilities of the faculty members and maintaining academic freedom ranked highest. Meredith and Wunsch (1991) found that chairs spend most of their time on paperwork and less on activities such as research, reading, study, and social interaction. Carroll and Gmelch (1992b) found that the most important roles of a department chair were recruit and select faculty, represent the department to administration, evaluation, encourage faculty research and development, develop long-range goals, provide informal faculty leadership, and remain current within the academic discipline. Roles were divided into four categories: leader, scholar, faculty developer, and manager. The Center for the Study of the Department Chair (1992) identified four role categories: leader, scholar, faculty developer, and manager. Bragg (1981) developed four role orientations: faculty, external, program, and management.

Literature relating to the roles of the department chair in the health sciences is limited. Kippenbrock et al. (1994) found that nursing department chairs were most satisfied with their role as teacher but saw their main responsibility in the area of academic planning. Kirkpatrick (1994) suggested that three of the more challenging roles in nursing included relationship building, productivity and development, and scholarly development. Green et al. (1991) found that important roles for family medicine chairs included program planning, budget, personnel, faculty supervision, clinical care, teaching, and committee work. Health science chairs spend most of their time in administration with little time left for teaching, research, and clinical practice.

Kahn et al. (1981) developed the theory of role dynamics, which asserts that role senders have expectations of a focal person which are based on their perceptions of the focal person's responsibilities. If the focal person is not performing at the expected level of the role sender, the role sender will exert pressure on the focal person to change. The focal person will evaluate the different pressures placed on him/her by all members of his/her role set, and the environment in which he/she works. If role pressures are perceived to be in conflict, the focal person will experience role ambiguity and stress. Bennett (1982) suggested that department chairs experience role ambiguity and stress because they are neither a pure faculty member nor administrator, but are expected to do both. Hoffman et al. (1996) stated that chairs should elicit input from faculty and other chairs before making crucial decisions. Department chairs must be both peers and administrators of their faculty. Expectations of faculty do not always correspond with the expectations of administration. Miller (1982) and Gmelch and Burns (1993) recommend

that communication about the roles of the department chair is necessary. Department chairs need to work together with administrators, faculty, and other members of the role set to develop a common job description for their role. Improved communication about the roles of the department chair among all members of the role set may decrease role ambiguity and stress.

### **Methodology**

This research study was descriptive and explorative in nature utilizing a four-page quantitative survey instrument to measure the perceptions and priorities of the roles of the physical therapy department chair. Statistical analysis was performed using the statistical package for the Social Sciences (SPSS) version 9.

Predominant characteristics of the physical therapy unit administrators and teaching faculty were analyzed with descriptive statistics. Frequency percentages, means, and standard deviations were computed to analyze the personal and unit characteristics.

A list of the most and least important roles and responsibilities was identified. Significant differences between the perceptions of physical therapy unit administrators and teaching faculty on the various roles and responsibilities of the department chair were analyzed by three- and two-way analysis of variance. The Student-Neuman-Keuls, a post hoc Multiple Comparison Procedure, and post hoc *t*-tests were utilized to identify group mean differences where appropriate. The significance of differences between the most and least important roles was tested by a chi-square analysis on the percentages of subjects who selected roles as most and least important in section III of the survey

instrument. The ranking of the desirable characteristics of the department chair was grouped by frequency percentages into most important, moderately important, and least important. The significance of these differences was again tested by a chi-square analysis of the percentages. Significance for all hypotheses was set at  $<.05$ .

This study was conducted in all entry-level physical therapist education programs in the United States. The research population was comprised of deans, department chairs, program directors, teaching faculty, and academic coordinators of clinical education who work at least half time in physical therapist education programs that are accredited by the Commission for Accreditation of Physical Therapy Education (CAPTE). In total, 1,795 physical therapy unit administrators and teaching faculty were identified from CAPTE. All were simultaneously mailed a survey instrument. A sampling procedure was not utilized since the entire population served as the basis for this research. A total of 852 people responded to the survey for a pre-screening response rate of 49%.

Subjects for this study were respondents who were physical therapy unit administrators or teaching faculty in CAPTE-accredited physical therapist education programs that offer at least a bachelor's degree. Respondents needed to be employed at least half time. There were 96 physical therapy unit administrators and 538 teaching faculty who met this criteria, creating a sample size of 634.

The survey instrument utilized in this study was developed utilizing parts of two separate pre-existing surveys. Permission to modify and incorporate portions of these instruments was requested and granted from their authors: Seagren and Kippenbrock. A pilot study of the revised survey instrument was given to approximately 60 health-care

teaching faculty and administrators. Respondents were asked to share their perceptions of importance on 45 roles and responsibilities and 15 characteristics of a physical therapy department chair.

## **Results**

### **Research Questions 1 and 2**

Research question 1 asked: What descriptive characteristics are common among academic physical therapy unit administrators in CAPTE-accredited, entry-level physical therapist programs?

The results indicated that there were 43 program directors, 52 department chairs, and one dean for a total of 96 physical therapy unit administrators who qualified for inclusion in this study. The demographic information received indicated that 68% of the administrators were female and 32% were male. With regard to age, 48% were between the ages of 40 and 49, and 41% between 50 and 59. Seventy-three percent of administrators held a doctorate degree while 26% had a master's degree as their highest earned degree. All but one (99%) were employed full time. With regard to rank, 57% were associate professors and 26% were full professors. The majority of unit administrators were physical therapists (98%) who had been involved in physical therapy education for an average of 16.3 years but were not currently seeing patients (63%) or seeing patients for less than 8 hours or less per week (31%).

Research question 2 asked: What descriptive characteristics are common among academic physical therapy teaching faculty in CAPTE-accredited, entry-level physical therapist programs?

The results indicated that there were 455 teaching faculty and 83 ACCEs for a total of 538 persons who qualified for inclusion as academic physical therapy teaching faculty in this study. The demographic information received showed that 72% of teaching faculty were females and 28% were males. With regard to age, 49% were between 40 and 49 years old and 33% between 30 and 39. The majority of teaching faculty held a master's degree (61%) and worked full time (88%) as an assistant professor (54%) or associate professor (24%). They were also physical therapists (95%) who had been involved in physical therapy education for an average of 9.0 years and seeing patients for 8 hours or less per week (42%) or not at all (37%).

The overall results of research questions 1 and 2 indicate that administrators tend to be older, more experienced, carry higher rank, and do less clinical practice than teaching faculty. Both physical therapy administrators and teaching faculty tended to be predominately females between the ages of 40-49 years who worked full time. This is not surprising as the physical therapy profession began as a female-oriented profession which has slowly grown attractive to males. According to the American Physical Therapy Association (1996) Fact Sheet, women faculty in physical therapy programs have outnumbered men nearly two to one since 1988. The highest percentage of faculty were between the ages of 36 and 40 in 1988 and progressed to between 41 to 45 years in 1996. These results are very similar to the results of this current study.

As the profession has grown from a predominately certificate program to a bachelor's and now a master's degree, so has the highest earned academic degree of the faculty. According to the APTA study, the percentage of department faculty with bachelor's and master's degrees has been steadily decreasing to 3% and 48% respectively while the percentage of department faculty with doctorate degrees has increased to 48%. In this current study 2% of department faculty held a bachelor's degree, 56% a master's degree, and 42% a doctorate.

The percentage of faculty holding various ranks from instructor to full professor was very similar to the respondents in the APTA study. From lecturer to full professor, the widest difference in rank between the two studies was within 4%. This current study found that administrators had more years of experience, held a higher degree (doctorate), and were assigned a higher rank overall (associate professor) than did teaching faculty (assistant professors with a master's degree). Teaching faculty tended to participate more in treating patients than did administrators. This is most likely due to the time constraints placed on unit administrators. Another possibility is that unit administrators usually have a lighter teaching load and, therefore, have less need to keep current in clinical practice. They also tended to be older and have more years of experience so may not need the clinical practice which is typical of most academic units.

### Research Question 3

Research question 3 asked: What are the most and least important roles and responsibilities of the department chair as perceived by physical therapy unit administrators and teaching faculty?

The results revealed that both administrators and teaching faculty indicated at least a 4 on the continuum from not important (1) to essential (7) on approximately 80% of the 45 roles. Means for the 10 most important ranged from 6.2 to 6.8 for both groups. Means for the 10 least important ranged from 2.1 to 4.2 for administrators and 1.4 to 3.9 for teaching faculty. A review of the percentages found that the percentage of respondents who selected the top items is high, but the percentages rapidly decrease after the first few items. Roles at the top of the lists were selected by 71-85% of the subjects while roles at the bottom between 16-20%. The following is a list of the most important roles that were common to the administrators and teaching faculty's ranked mean and percentage list. They are in "approximate" order from most important to least important due to slightly different rankings between administrators and teaching faculty:

1. Act as faculty advocate to higher administration
2. Prepare the physical therapy department budget
3. Evaluate faculty performance to determine tenure and promotions
4. Monitor accreditation standards
5. Motivate faculty
6. Evaluate faculty performance to determine raises
7. Encourage faculty research and publications



8. Exhibit informal faculty leadership.

The following is a list of the least important roles that were common to both administrators and teaching faculty's ranked mean and percentage list. They are again in "approximate" order from the least important to more important due to *slightly* different rankings between administrators and teaching faculty:

1. Help students register
2. Schedule classes
3. Maintain accurate student records
4. Select new physical therapy students
5. Assign graduate assistants
6. Evaluate student research
7. Manage clerical staff
8. Practice clinical physical therapy.

All eight of the most important roles that were common to administrators and faculty tended to center on the faculty or administration. None of these were centered on the student. Of the eight least important roles, five tended to be student-centered, and three tended to be faculty or administration-centered. Student-centered roles overall tended to be the least important. An explanation for this might be that both administrators and teachers see the most important roles of the department chair as a mid-level manager acting between teaching faculty and higher administration. Student issues are therefore the responsibility of the teaching faculty. Only when department chair roles are accomplished do student-centered roles rise in importance.

#### Research Question 4

Research question 4 asked: Are there any differences between the perceptions of academic physical therapy unit administrators and teaching faculty in the importance of various roles and responsibilities of the physical therapy department chair? Because of the large number of subjects, there were many small differences which became statistically significant. Even though some differences may be significant, they may not be of practical value. Practical value was determined to be the following: On the 7-point continuum from not important to essential, significant differences between group means that were less than .50 were considered of no practical value. Differences in means between .50 to .99 were considered of little practical importance, and differences of 1.00 and above were considered "important." Significant differences of no practical value will not be discussed.

The analysis of the roles and responsibilities of the department chair revealed that there were only a few differences of little practical value. One possible explanation for this could be the homogeneity of the respondents in both groups. Physical therapy unit administrators and teaching faculty are predominately clinicians who have become educators. As clinicians in the health-care setting, both worked within the hierarchical management system that dominates the medical profession. Physical therapists as clinicians are trained to communicate, both expressively and receptively, with doctors, other health professionals, patients, and families. Each person knows his or her chosen role, and lines of authority are clearly delineated. This communication level and training

continues when clinicians make the transition from professional practice to education. In the physical therapy educational setting, the Commission for Accreditation of Physical Therapy Education (CAPTE) tightly monitors all programs through specific objectives. These objectives leave little room for misinterpretation. Another possible explanation is within Kahn et al.'s (1981) theory of role dynamics. After going through cycles of role set pressure and response, the department chair begins to more clearly understand his/her role. This may happen more rapidly in a physical therapy department because these departments tend to be more closed off from the rest of the college/university, and an increased level of internal communication occurs.

This research question was answered with the following hypotheses:

Hypothesis 1: "There are no significant differences between the perceptions of physical therapy unit administrators and teaching faculty in the importance of the 45 selected roles and responsibilities when controlled for gender and years in physical therapy education."

Of the 45 roles, the data showed that 35 had no differences between unit administrators and teaching faculty while 10 were found to be significantly different. Of these 10, 4 were of no practical value. The following 6 were of little practical value. Physical therapy unit administrators indicated that "updating physical therapy course content," "assigning faculty work," "recruiting students," "selecting new physical therapy students," "teaching students," and "motivating students" were more important as department chair roles than teaching faculty indicated. A possible explanation to this perception is that unit administrators tend to carry more of the weight of the whole unit

on their shoulders and may feel it is more important for them to be "involved" in all activities of the program.

Hypothesis 2a: "There are no significant interaction effects between the perceptions of male and female faculty in the importance of the 45 roles and responsibilities when grouped by academic position" and hypothesis 2b: "There are no significant differences between the perceptions of male and female faculty in the importance of the 45 roles and responsibilities."

The results show that there were no significant interaction effects between the perceptions of male and female faculty in the importance of the 45 roles and responsibilities when grouped by academic position. Significant differences, however, existed in the main effects for gender. Out of the 45 roles, 6 roles were perceived differently between males and females, and 39 had no differences. All of the 6 differences were of no practical importance. It was therefore determined that there were no important differences between the perceptions of male and female faculty in the importance of the 45 selected roles and responsibilities of the department chair.

An explanation for this occurrence may again be the extreme homogeneity of the two groups. Physical therapy faculty are highly specialized in their area of concentration. As clinicians, physical therapists are accustomed to working in a hierarchical system where leadership is more top-down oriented.

Hypothesis 3a: "There are no significant interaction effects between the perceptions of faculty who have taught for a low, moderate, or high number of years in physical therapy education in the importance of the 45 roles and responsibilities when

grouped by academic position" and hypothesis 3b: "There are no significant differences between the perceptions of faculty who have taught for a low, moderate, or high number of years in physical therapy education in the importance of the 45 roles and responsibilities."

The results show that 4 of the 45 roles had significant interaction effects. Of these 4, 3 were of no practical importance and 1 was of small importance. Physical therapy unit administrators with 10-19.9 years of experience (mean = 6.77) placed more importance on preparing the physical therapy department budget than did unit administrators with 0-9.9 years of experience (mean = 6.18). No significant differences in the main effects for years in physical therapy education were evident. Therefore it was determined that there was one interaction effect with little practical value between the perceptions of faculty who have taught for a low, moderate, or high number of years in physical therapy education in the importance of the 45 roles and responsibilities when grouped by academic position.

Here again, physical therapy unit administrators and teaching faculty are found to be homogeneous. Physical therapy education tends to be tightly regulated by CAPTE. The comprehensive list of objectives provided by CAPTE includes items such as regular and ongoing faculty and curricular evaluation. This, along with the acceptance of the hierarchical leadership style, may be a reason for the agreement between the groups in most roles.

Hypothesis 4a: "There are no significant interaction effects between the perceptions of faculty in small, medium, or large physical therapy units in the importance

of the 45 roles and responsibilities when grouped by academic position" and hypothesis 4b: "There are no significant differences between the perceptions of faculty in small, medium, or large physical therapy units in the importance of the 45 roles and responsibilities."

The results show that 10 of the 45 roles were significant. Of these 10, 5 were of no practical importance and 5 were of little importance. Physical therapy teaching faculty in large units (mean = 4.82) indicated that the role of allocating facilities was more important for a department chair than teaching faculty in medium-sized units (mean = 4.16) indicated. The four remaining practical differences were in the main effects for program size and were also considered to be of little practical importance. Larger units indicated that carrying responsibilities in professional/scientific associations was more important as a department chair role than small units indicated. Small and medium units indicated that selecting new physical therapy students, advising students, and maintaining accurate student records were more important roles than large units indicated. It was determined that there was one interaction effect and four main effect differences between the perceptions of faculty in small, medium, or large units in the importance of the 45 roles and responsibilities of the department chair. All differences were of little practical importance.

The differences in allocating facilities may be a coordination issue. With more faculty comes more facilities to allocate. With so many faculty, someone perceived as more unbiased needs to allocate facilities equally among all faculty. In smaller units, this is less likely to be an issue. Both administrators and teaching faculty in units with 7 or

fewer faculty indicated a greater need to have the department chair involved in selecting students, advising students, and maintaining accurate student records. One possible explanation for this is that small units do not have as many human resources to assist in all of these areas. Larger programs are more likely able to hire staff to help with these roles. It is not uncommon for larger programs to have their own internal admission/records departments.

Hypothesis 5a: "There are no significant interaction effects between the perceptions of faculty in units where the department chair was promoted from within or hired from external to the physical therapy unit in the importance of the 45 roles and responsibilities when grouped by academic position" and hypothesis 5b: "There are no significant differences between the perceptions of faculty in units where the department chair was promoted from within or hired from external to the physical therapy unit in the importance of the 45 roles and responsibilities."

The results indicate that 6 of the 45 roles were significant. Of these 6, 4 were of no practical importance and 2 were of little importance. Unit administrators in units where the department chair was promoted from within indicated that practicing clinical physical therapy was more important than did administrators from units where the department chair was hired from external to the unit. One difference of little practical importance in the main effect for current department chair selection was evident. Faculty from units where the department chair was promoted from within indicated that scheduling classes was a less important role of the department chair than did faculty from programs where the department chair was hired externally. Therefore it was determined

that there was one difference in the interaction effects and one difference in the main effects for these hypotheses. Both were of little practical value.

Administrators of units where the department chair was promoted from within may have a better understanding of the managerial roles of the department chair. They may be more interested in improving clinical practice skills, whereas administrators who were hired from external may need to focus on leading and managing the unit. The overall results of hypotheses 5a and 5b indicate that physical therapy unit administrators and teaching faculty are homogeneous in their perceptions of the importance of the department chair roles. This may again be because both unit administrators and teaching faculty come from similar background. Both were physical therapy clinicians prior to becoming educators. Another possible explanation lies in Kahn et al.'s (1981) theory of role dynamics. Due to increased internal communication, physical therapy unit administrators and teaching faculty move more rapidly through the role pressure-response cycle and thereby have a clearer understanding of the department chair roles.

Hypothesis 6: "There are no significant differences between the perceptions of physical therapy unit administrators and teaching faculty in the most and least important roles and responsibilities of the department chair."

The results for the most important roles indicate that a significant difference in perception exists between unit administrators and teaching faculty on the ranking of two of the above roles. Administrators indicated that motivating faculty should rank fifth while teaching faculty ranked it eighth. Second, administrators indicated that evaluating faculty to determine tenure and promotions should be fourth while teaching faculty



placed it fifth. In general there were only small differences between these groups in selecting the most important roles of the department chair.

The results for the least important roles indicate that there was a significant difference in perception between administrators and teaching faculty on the rankings of two of the above roles. Administrators indicated that assigning graduate assistants was the fifth least important role of the department chair while teaching faculty ranked it ninth least important. Also, administrators ranked allocating facilities as the sixth least important role of the department chair while teaching faculty ranked it 11th. In general there were again little differences between the groups in selecting the least important roles of the department chair.

The results from the analysis of the most and least important roles revealed that there were again a few small differences between the perceptions of physical therapy unit administrators and teaching faculty. This could be due to the homogeneity of the respondents. Both groups were predominately physical therapy clinicians prior to becoming educators. Both worked in a hierarchical medical management system where information is passed down and presumed to be correct. Each person knows his/her role and will defer to others if a job falls outside his/her domain. As before, this could be due also to the high level of internal communication.

### Research Question 5

Research question 5 asked: Are there any differences between the perceptions of academic physical therapy unit administrators and teaching faculty in the importance of selected characteristics of the physical therapy department chair?

This question was answered with the following research hypothesis.

Hypothesis 7: "There are no significant differences between the perceptions of academic physical therapy unit administrators and teaching faculty in ranked importance of the 15 selected desirable characteristics of a physical therapy department chair."

Results indicate that both administrators and teaching faculty agreed that the five most important desirable characteristics of a department chair are:

1. Listens carefully and communicates effectively
2. Honest and trustworthy
3. Creative and has new ideas
4. Responsive and takes interest in others
5. Helpful and supportive of others.

Again, both administrators and teaching faculty agreed on the five least important desirable characteristics of the department chair. They are:

1. Follows advice of others
2. Never becomes angry, stays composed
3. Friendly and sociable
4. Follows rules and procedures
5. Good sense of humor.

Further analysis revealed a difference in perception between administrators and teaching faculty on the rankings of the middle five characteristics. This difference did not place them out of the middle group, therefore it was determined to be of no practical importance.

While the rankings of the most and least important characteristics did not differ between administrators and teaching faculty, they did differ from the results obtained by Maerten's (1991) study of deans in schools of education in Alabama. Four of the five most important characteristics were the same. Respondents from both studies selected: "listens carefully and communicates effectively," "honest and trustworthy," "creative and has new ideas," and "helpful and supportive of others." The one difference was that, in Maerten's study, the deans chose "orderly and efficient" as part of the five most important characteristics and, in this study, the physical therapy chairs and teaching faculty chose "responsive and takes an interest in others."

In the five least important roles three were common to both studies: "never becomes angry, stays composed," "friendly and sociable," and "good sense of humor." In Maerten's study, "independent and self reliant," and "is responsive and takes an interest in you" also were among the least important. In this study, "follows the advice of others" and "follows rules and procedures" were among the five least important.

Here again there is homogeneity between the unit administrators and teaching faculty which could be due to the increased level of internal communication. This increased communication may speedup the role pressure-response cycle of Kahn et al.'s theory, thereby reducing role ambiguity and stress.

Based on this current study, department chairs tend to be older, more experienced, carry higher rank, and do less clinical practice than teaching faculty. Department chairs need to focus their attention on faculty and departmental administrative issues. They should be the administrative leader of the academic unit. Department chairs should place a lower priority on student-centered issues by acting as an aid to faculty. It is the faculty rather than the administrator who should provide direct aid to students. Department chairs should have good communication skills and be helpful, creative, honest, and responsive. Both department chairs and teaching faculty do not value as highly such personal characteristics as having a good sense of humor, following rules and procedures, being friendly and sociable, becoming angry, and following the advice of others.

### **Conclusions**

Based on the results and discussion of this study, the following conclusions are drawn.

1. Unit administrators tend to be older, more experienced, and carry higher academic ranks than teaching faculty.
2. Both physical therapy unit administrators and teaching faculty agree on the most and least important roles and responsibilities of the department chair. There tend to be more administration and faculty-centered roles at the top and student-centered roles at the bottom.

3. There is a great deal of unanimity among physical therapy unit administrators and teaching faculty regarding the perceived importance of the 45 roles and responsibilities of the department chair.

4. Gender, years of experience, size on the academic unit, and whether the current department chair was promoted from within or hired externally do not affect the views regarding the importance of the department chair roles.

5. A great deal of unanimity exists among physical therapy unit administrators and teaching faculty regarding the perceived importance of the 15 characteristics of the department chair.

### **Recommendations**

The following recommendations for further research are made:

1. It is recommended that this study be expanded to include physical therapist assistant programs and advanced-degree physical therapy programs.

2. It is recommended that this study be expanded to include university-level administrators of physical therapy units and student perceptions of the role of the department chair.

3. Future studies could add additional roles and characteristics to more closely define a department chair.

4. A factor analysis could be utilized to group the roles and responsibilities of the department chair into categories.

5. Qualitative research could be conducted on the role of the department chair to help identify factors which may not lend themselves to quantitative research.

6. A longitudinal study could be performed to study the changing perceptions of the role of the department chair over a 3-to-5-year period.

7. A study to assess the level of role anxiety and stress among department chairs and their relationship to communication among faculty, department chairs, and administrators could provide valuable information.

## APPENDIX

## APPENDIX A

### LETTERS





May 6, 1998

Dr. Dr. Alan T. Seagren  
Department of Educational Administration  
1204 Seaton Hall  
P.O. Box 880638  
Lincoln, NE 68588-0633

Dear Dr. Seagren:

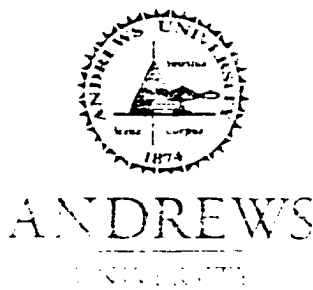
I am presently working toward a Doctor of Philosophy degree in educational administration at Andrews University in Michigan. The topic of my dissertation is the physical therapy academic department chair. My working title is The Role of the Academic Physical Therapy Department Chair as Perceived by Physical Therapy Teaching Faculty and Chairs.

I would like to request a copy of the community college chair's survey instrument you used for the study that was reported in 1992. I would like to request permission to modify the instrument and use it as the research instrument for my dissertation.

Once the data from this research has been analyzed, I would be pleased to share my results with you. If you have any questions regarding the use of the instrument or any modifications that I might need to make to apply it to my population, please feel free to contact me by mail or by telephone as listed on this letterhead.

Sincerely,

Wayne Perry, MBA, PT  
MSPT Program Director  
Berrien Springs Campus



April 16, 1998

Dr. Thomas A. Kippenbrock, EdD., R.N.  
University of Nebraska Medical Center  
College of Nursing-Kearney Division  
West Center, Kearney, NE 68849

Dear Dr. Kippenbrock:

I am presently working toward a Doctor of Philosophy degree in educational administration at Andrews University in Michigan. The topic of my dissertation is the physical therapy academic department chair. My working title is "The Role of the Academic Physical Therapy Department Chair As Perceived By Physical Therapy Teaching Faculty and Chairs."

I would like to request a copy of the survey instrument you used for the study that was reported in the Journal of Advanced Nursing (1994) in the article "Leadership and Its Transition Among Nursing Administration Graduate Department". I would like to request permission to modify the instrument and to use it as the research instrument for my dissertation.

Once the data from this research has been analyzed, I would be pleased to share my results with you. If you have any questions regarding the use of the instrument or any modifications that I might need to make to apply it to my population, please feel free to contact me by e-mail <[perryw@andrews.edu](mailto:perryw@andrews.edu)>, or by telephone or mail as indicated on the letterhead for the Berrien Springs, Michigan campus.

I would appreciate a reply from you at your earliest convenience.

Sincerely,

Wayne Perry, MBA, PT  
MSPT Program Director  
Andrews University  
Berrien Springs, MI 49104-0420

May 11, 1998

Wayne Perry, MBA, PT  
MSPT Program Director  
Andrews University  
Berrien Springs, MI 49104

Dear Wayne:

It was a pleasure to talk to you and learn about your study of The Role of the Academic Physical Therapy Department Chair as Perceived by Physical Therapy Teaching Faculty and Chairs. This should be an exciting project.

Permission is granted for you to modify and use the instrument that was developed for the study of community college chairs in 1992. Enclosed is a copy of the original instrument. Please feel free to modify as appropriate for your study. I request that you give recognition for the development of the original survey in your cover letter and survey to the National Community College Chair Academy, Maricopa Community Colleges and the Center for the Study of Higher and Postsecondary Education at the University of Nebraska-Lincoln.

Naturally we would like to have a copy of the results and a copy of your dissertation once you have completed the project. If you have any questions after you receive the survey or if we can assist in any other way do not hesitate to contact us. We would be happy to review and critique your modifications if that would be helpful.

We wish you much success with this project.

Sincerely,



Alan T. Seagren  
Professor and Director of CSHPE

# ARKANSAS STATE UNIVERSITY

DEPARTMENT OF NURSING

P.O. BOX 910

STATE UNIVERSITY, AR 72467-0910

TELEPHONE 870/972-3074 FAX 870/972-2954

JONESBORO, ARKANSAS



May 11, 1998

Wayne Perry  
MSPT Program Director  
Andrew University

Dear Mr. Perry:

My response to you has been delayed because of a change of address. Please note I am no longer at University of Nebraska Medical Center. Arkansas State University is my new home.

The "Survey of Department Chairs" tool was an instrument used in the research published in **Journal of Advanced Nursing**. Enclosed is a copy of the tool and informed consent form. I wish you success on the dissertation.

Sincerely,

Tom Kippenbrock, EdD

Department Chair, Nursing

Dear Physical Therapy Colleague

As you know there has been increasing attention to effective management in physical therapy education over the past few years. This has been due in part to the advancement of the entry level degree, as well as greater competition for scarce resources in the academic arena. Accordingly, the role of the department chair has become even more challenging.

As the program director of the M.S.P.T. Program at Andrews University and with the assistance of the American Physical Therapy Association, I am studying the perceptions of physical therapy teaching faculty and department heads regarding the roles and responsibilities of the physical therapy department chairs. Your participation in completing and returning this survey is critical to the validity and utility of the research findings. Completion of the survey should require no more than 20 minutes of your time.

As you complete the survey, please respond in terms of the position of the department chair in general, rather than focusing on yourself or your department chair. Be assured that the answers you provide will remain confidential. No individual participants answers will be identified. Your completion and return of the questionnaire will be taken as consent to have the information used for the purposes of this study.

I very much appreciate your participation in this survey. Your response will be an important part of our growing understanding of the role of the department chair in physical therapy education. If you have any questions, problems, or need another survey, please telephone me at (800) 827-2878. If you wish to receive a summary of the findings upon completion of the study, please complete the enclosed postcard. Thank you.

Sincerely,

Wayne Perry, M.B.A., P.T.  
M.S.P.T. Program Director

**NOTE:** Portions of this survey were modifications from a survey written by the National College Chair Academy, Maricopa Community College and the Center for the study of Higher and Postsecondary Education at the University of Nebraska, Lincoln.

Physical Therapy Department  
Berrien Springs, MI 49104-0420

Approximately 2 weeks ago you should have received a survey on the roles and responsibilities of department chairs in physical therapy education. This was meant for all physical therapy department faculty and administration. If you have not responded yet please take a few minutes to complete this survey and return it in the postage paid envelope that was included. If you have lost your survey please call me at (800) 827-2878 ext. 4, 6 and I will send you another one. As before, thank you for taking the time to complete this important survey. The validity of its results are dependent upon your support.

Thank you.

Wayne Perry, MBA, PT  
MSPT Program Director

## APPENDIX B SURVEY INSTRUMENT

# ROLES AND RESPONSIBILITIES OF DEPARTMENT CHAIRS IN PHYSICAL THERAPY EDUCATION

For the purposes of this study a department chair is the first level physical therapy unit administrator. This person may be titled the Program Director, Department Chair, Dean, etc.

## SECTION I

 Please complete the following items relating to your institutional context:

My current Academic Position

- ☐ Dean
- ☐ Department Chair
- ☐ Program Director
- ☐ Teaching Faculty
- ☐ Academic Coordinator of Clinical Education
- ☐ Other (please specify) \_\_\_\_\_

My Academic Rank

- ☐ Professor
- ☐ Associate Professor
- ☐ Assistant Professor
- ☐ Instructor
- ☐ Other (please specify) \_\_\_\_\_

Physical therapy **program** I primarily teach in

- ☐ Physical therapist assistant
- ☐ Entry level physical therapist
- ☐ Advanced physical therapist degree
- ☐ Other (please specify) \_\_\_\_\_

Number of full time teaching faculty positions in the physical therapy program \_\_\_\_\_

CAPTE accreditation status of program

- ☐ Accredited
- ☐ Not Accredited
- ☐ Other (please specify) \_\_\_\_\_

Physical therapy **degree** I primarily teach in

- ☐ Associate/Certificate
- ☐ Baccalaureate
- ☐ Master
- ☐ Doctorate
- ☐ Other (please specify) \_\_\_\_\_

My current department chair was

- ☐ Promoted from within the program
- ☐ Hired from external to the program
- ☐ Other (please specify) \_\_\_\_\_

My status in the physical therapy program is:

- ☐ Full time
- ☐ Half time or more but not full time
- ☐ Less than half time

My current age

- ☐ 20 - 29
- ☐ 30 - 39
- ☐ 40 - 49
- ☐ 50 - 59
- ☐ 60 +

Gender

- ☐ Male
- ☐ Female

My highest earned degree

- ☐ Associate
- ☐ Baccalaureate
- ☐ Master
- ☐ Doctorate
- ☐ Other (please specify) \_\_\_\_\_

Number of years I have been involved in physical therapy education as a faculty member \_\_\_\_\_

Are you a physical therapist?

- ☐ Yes ☐ No

Are you currently treating patients?

- ☐ Yes ☐ No

How many hours per week do you see patients? \_\_\_\_\_



## SECTION II



**Realizing that Department Chairs need to prioritize their time, how important is it that the Department Chair personally perform each activity? Please respond in terms of the position of the Department Chair in general, rather than focusing on yourself or your particular department chair. Indicate your response on the continuum from Not Important to Essential.**

Role #	Description	Not Important						Essential
1.	Develop long range program goals	①	②	③	④	⑤	⑥	⑦
2.	Manage clerical staff	①	②	③	④	⑤	⑥	⑦
3.	Monitor building maintenance	①	②	③	④	⑤	⑥	⑦
4.	Motivate faculty	①	②	③	④	⑤	⑥	⑦
5.	Write grants	①	②	③	④	⑤	⑥	⑦
6.	Update the physical therapy curriculum	①	②	③	④	⑤	⑥	⑦
7.	Update physical therapy course content	①	②	③	④	⑤	⑥	⑦
8.	Recruit students	①	②	③	④	⑤	⑥	⑦
9.	Set academic standards	①	②	③	④	⑤	⑥	⑦
10.	Monitor academic standards	①	②	③	④	⑤	⑥	⑦
11.	Determine course offerings	①	②	③	④	⑤	⑥	⑦
12.	Schedule classes	①	②	③	④	⑤	⑥	⑦
13.	Allocate facilities	①	②	③	④	⑤	⑥	⑦
14.	Procure research funding	①	②	③	④	⑤	⑥	⑦
15.	Assign graduate assistants	①	②	③	④	⑤	⑥	⑦
16.	Assign faculty work	①	②	③	④	⑤	⑥	⑦
17.	Select new physical therapy students	①	②	③	④	⑤	⑥	⑦
18.	Recruit new faculty	①	②	③	④	⑤	⑥	⑦
19.	Help students register	①	②	③	④	⑤	⑥	⑦
20.	Prepare the physical therapy department budget	①	②	③	④	⑤	⑥	⑦
21.	Administer the department budget	①	②	③	④	⑤	⑥	⑦
22.	Monitor success of graduates	①	②	③	④	⑤	⑥	⑦
23.	Evaluate faculty performance to determine raises	①	②	③	④	⑤	⑥	⑦
24.	Evaluate faculty performance to determine tenure and promotions	①	②	③	④	⑤	⑥	⑦
25.	Encourage faculty research and publications	①	②	③	④	⑤	⑥	⑦
26.	Evaluate student research	①	②	③	④	⑤	⑥	⑦
27.	Teach students	①	②	③	④	⑤	⑥	⑦
28.	Motivate students	①	②	③	④	⑤	⑥	⑦
29.	Participate in committee work with the college/university	①	②	③	④	⑤	⑥	⑦
30.	Conduct personal research	①	②	③	④	⑤	⑥	⑦

Role #	Description	Not Important						Essential
31.	Act as faculty advocate to higher administration	①	②	③	④	⑤	⑥	⑦
32.	Practice clinical physical therapy	①	②	③	④	⑤	⑥	⑦
33.	Carry responsibilities in Professional/Scientific Associations.	①	②	③	④	⑤	⑥	⑦
34.	Act as University/College advocate to faculty	①	②	③	④	⑤	⑥	⑦
35.	Monitor accreditation standards	①	②	③	④	⑤	⑥	⑦
36.	Spearhead fund raising	①	②	③	④	⑤	⑥	⑦
37.	Advise students	①	②	③	④	⑤	⑥	⑦
38.	Maintain department morale	①	②	③	④	⑤	⑥	⑦
39.	Manage conflict	①	②	③	④	⑤	⑥	⑦
40.	Exhibit informal faculty leadership	①	②	③	④	⑤	⑥	⑦
41.	Plan physical therapy department meetings	①	②	③	④	⑤	⑥	⑦
42.	Chair physical therapy department meetings	①	②	③	④	⑤	⑥	⑦
43.	Provide for flow of information to faculty	①	②	③	④	⑤	⑥	⑦
44.	Coordinate physical therapy department activities with outside groups	①	②	③	④	⑤	⑥	⑦
45.	Maintain accurate student records	①	②	③	④	⑤	⑥	⑦

### SECTION III



**Section III is designed as a forced choice to determine what you consider to be the most important roles/responsibilities listed in Section II and the least important. The choices may be difficult to make.**

#### MOST IMPORTANT ROLES/RESPONSIBILITIES

Please list the **five most important** roles and responsibilities from Section II above by listing their number or description.

Role/ Resp. No.	Role/Responsibility
--------------------	---------------------

#### LEAST IMPORTANT ROLES/RESPONSIBILITIES

Please list the **five least important** roles and responsibilities from Section II above by listing their number or description.

Role/ Resp. No.	Role/Responsibility
--------------------	---------------------

**OVER**

## SECTION IV



***Below is a list of 15 desirable characteristics a department chair might have. Please rank the characteristic you feel is (1) most important to (15) least important. Each item should be numbered when finished. Use each number only once.***

- \_\_\_\_\_ Admits errors openly and honestly
- \_\_\_\_\_ Creative and has new ideas
- \_\_\_\_\_ Follows advice of others
- \_\_\_\_\_ Follows rules and procedures
- \_\_\_\_\_ Friendly and sociable
- \_\_\_\_\_ Good sense of humor
- \_\_\_\_\_ Helpful and supportive of others
- \_\_\_\_\_ Honest and trustworthy
- \_\_\_\_\_ Independent and self reliant
- \_\_\_\_\_ Listens carefully and communicates effectively
- \_\_\_\_\_ Never becomes angry, stays composed
- \_\_\_\_\_ Orderly and efficient
- \_\_\_\_\_ Responsive and takes an interest in others
- \_\_\_\_\_ Says what he/she thinks, is open
- \_\_\_\_\_ Willing to compromise

*Thank you for assisting in this study! Please return this survey in the self-addressed postage paid envelope provided. If for some reason you have misplaced the envelope, mail to:*

**Wayne L. Perry, M.B.A., P.T.  
MSPT Program Director  
Department of Physical Therapy  
Andrews University  
Berrien Springs MI 49104-0420**

*If you would like to receive a copy of the results please return the enclosed postcard.*

**NOTE:** Portions of this survey were modifications from surveys by the National Community College Chair Academy Maricopa Community College, the Center for the Study of Higher and Postsecondary Education at the University of Nebraska-Lincoln, and the "Survey of Department Chairs" by Tom Kippenbrock.

## APPENDIX C TABLES

TABLE 31

**IMPORTANCE OF THE ROLES AND RESPONSIBILITIES OF  
THE DEPT. CHAIR RANKED ACCORDING TO A 7-POINT,  
NOT IMPORTANT TO ESSENTIAL SCALE\***

Total Rank	Item	Description of the item	Unit Admin (n=93-96)		Teaching Faculty (n=528-538)		Total (n=632-645)	
			Mean	S.D.	Mean	S.D.	Mean	S.D.
1	31	Act as faculty advocate to higher administration	6.714	.74	6.816	.52	6.804	.55
2	20	Prepare the P. T. dept budget	6.542	.93	6.513	.86	6.509	.89
3	35	Monitor academic standards	6.625	.77	6.439	.93	6.460	.91
4	1	Develop long range goals	6.274	1.22	6.482	.92	6.437	1.01
5	23	Eval faculty performance to determine raises	6.604	.66	6.382	.97	6.398	.95
6	24	Eval faculty performance to determine tenure & promotion	6.474	.82	6.308	1.03	6.360	.99
7	25	Encourage faculty research & publications	6.427	.82	6.277	.91	6.296	.90
8	43	Provide for flow of information to faculty	6.156	1.08	6.305	1.00	6.278	1.01
9	4	Motivate faculty	6.469	.66	6.206	1.01	6.253	.97
10	40	Exhibit informal faculty leadership	6.347	.87	6.196	1.03	6.214	1.01
11	39	Manage conflict	6.316	.86	6.102	1.07	6.134	1.04
12	18	Recruit new faculty	6.189	.94	6.101	1.08	6.119	1.05
13	21	Administer the dept. budget	6.200	1.06	6.089	1.21	6.109	1.18
14	34	Monitor accreditation standards	6.083	1.03	6.063	1.19	6.075	1.17
15	38	Maintain dept. morale	6.365	.82	6.007	1.13	6.062	1.09
16	29	Participate in committee work with the college/university	5.958	1.06	5.900	1.10	5.905	1.10
17	9	Set academic standards	5.979	1.06	5.773	1.36	5.798	1.33
18	42	Chair P.T. dept. meetings	5.653	1.30	5.689	1.42	5.669	1.42
19	10	Monitor academic standards	5.875	1.05	5.645	1.39	5.665	1.35
20	41	Plan P.T. dept. meetings	5.625	1.23	5.560	1.37	5.551	1.37
21	6	Update P.T. curriculum	5.719	1.18	5.485	1.32	5.509	1.33
22	16	Assign faculty work	5.802	1.24	5.426	1.46	5.468	1.44
23	33	Carry resp. in Prof/scientific associations	5.284	1.20	5.284	1.26	5.285	1.26

TABLE 31, continued.

Total Rank	Item	Description of the item	Unit Administrator (n=93-96)		Teaching Faculty (n=528-538)		Total (n=632-645)	
			Mean	S.D.	Mean	S.D.	Mean	S.D.
24	28	Motivate students	5.354	1.25	4.828	1.53	4.905	1.50
25	22	Monitor success of graduates	5.234	1.26	4.841	1.48	4.895	1.46
26	44	Coordinate P.T. dept. activities with outside groups	4.978	1.22	4.725	1.44	4.776	1.42
27	5	Write grants	4.677	1.27	4.746	1.32	4.737	1.31
28	36	Spearhead fund raising	4.583	1.60	4.743	1.63	4.729	1.63
29	30	Conduct personal research	4.917	1.18	4.677	1.52	4.708	1.48
30	14	Procure research funding	4.604	1.34	4.693	1.47	4.675	1.46
31	11	Determine course offerings	4.740	1.20	4.500	1.40	4.523	1.37
32	27	Teach students	5.083	1.21	4.307	1.41	4.409	1.41
33	13	Allocate facilities	4.281	1.75	4.304	1.82	4.299	1.81
34	7	Update P.T. course content	4.906	1.26	4.060	1.60	4.180	1.59
35	8	Recruit students	4.667	1.37	4.022	1.62	4.124	1.61
36	2	Manage clerical staff	4.400	1.59	3.867	1.64	3.941	1.64
37	26	Evaluate student research	4.125	1.11	3.739	1.42	3.790	1.39
38	15	Assign graduate assistants	3.688	1.44	3.765	1.62	3.737	1.60
39	45	Maintain accurate student records	4.021	1.66	3.518	1.87	3.580	1.85
40	37	Advise students	3.958	1.40	3.466	1.47	3.536	1.47
41	32	Practice clinical Physical Therapy	3.617	1.54	3.407	1.58	3.431	1.58
42	17	Select new P.T. students	3.792	1.42	3.254	1.62	3.340	1.60
43	12	Schedule classes	3.406	1.71	3.001	1.73	3.049	1.72
44	3	Monitor building maintenance	2.916	1.46	2.836	1.54	2.847	1.52
45	19	Help students register	2.105	1.12	1.732	1.16	1.781	1.16

• 1=Not important. 7=Essential.

TABLE 32

**MOST IMPORTANT ROLES AND RESPONSIBILITIES OF  
THE DEPARTMENT CHAIR**

Rank	Item	Description of the Item	Unit Administrator % (n=94)	Teaching Faculty % (n=531)	Total % (n=625)
1	31	Act as a faculty advocate to higher administration	71.3	71.0	71.0
2	1	Develop long range program goals	54.3	59.9	59.0
3	20	Prepare the physical therapy department budget	40.4	42.0	41.8
4	35	Monitor accreditation standards	33.0	36.7	36.2
5*	24	Evaluate faculty performance to determine tenure and promotions	38.3	26.4	28.3
6	23	Evaluate faculty performance to determine raises	24.5	24.5	24.5
7*	4	Motivate faculty	34.0	20.9	22.9
8	43	Provide for flow of information to faculty	14.9	22.2	21.1
9	21	Administer the department budget	16.0	21.7	20.8
10	25	Encourage faculty research and publications	20.2	16.4	17.0
11	38	Maintain department morale	20.2	16.0	16.6
12	40	Exhibit informal faculty leadership	16.0	16.4	16.3
13	39	Manage conflict	14.9	15.6	15.5
14	9	Set academic standards	11.7	14.5	14.1
15	18	Recruit new faculty	17.0	12.1	12.8
16	34	Act as University/College advocate to faculty	11.7	11.7	11.7
17	6	Update the physical therapy curriculum	13.8	9.2	9.9
18	10	Monitor academic standards	6.4	9.8	9.3
19	16	Assign faculty work	9.6	7.7	8.0
20	29	Participate in committee work with the college/university	3.2	5.8	5.4
21	42	Chair physical therapy department meetings	0.0	4.7	4.0

TABLE 32, continued.

Rank	Item	Description of the Item	Unit Administrator % (n=94)	Teaching Faculty % (n=531)	Total % (n=625)
22	33	Carry responsibilities in professional/scientific associations	4.3	3.2	3.4
23	14	Procure research funding	1.1	3.6	3.2
24	7	Update physical therapy course content	3.2	2.6	2.7
25	30	Conduct personal research	3.2	2.3	2.4
26	13	Allocate facilities	0.0	2.4	2.1
27	27	Teach students	4.3	1.5	1.9
28	22	Monitor success of graduates	3.2	1.5	1.8
29	41	Plan physical therapy department meetings	0.0	2.1	1.8
30	28	Motivate students	3.2	1.3	1.6
31	36	Spearhead fund raising	1.1	1.5	1.4
32	2	Manage clerical staff	1.1	1.3	1.3
33	32	Practice clinical physical therapy	1.1	1.3	1.3
34	44	Coordinate physical therapy department activities with outside groups	0.0	1.3	1.1
35	3	Monitor building maintenance	0.0	.9	.8
36	5	Write grants	0.0	.9	.8
37	8	Recruit students	1.1	.8	.6
38	37	Advise students	1.1	.6	.6
39	26	Evaluate student research	0.0	.8	.6
40	45	Maintain accurate student records	1.1	.4	.5
41	12	Schedule classes	0.0	.4	.3
42	19	Help students register	0.0	.4	.3
43	11	Determine course offerings	0.0	.2	.2
44	17	Select new physical therapy students	0.0	.2	.2
45	15	Assign graduate assistants	0.0	0.0	0.0

\* = Significant at &lt;.05 level.



TABLE 33

**LEAST IMPORTANT ROLES AND RESPONSIBILITIES  
OF THE DEPARTMENT CHAIR**

Rank	Item	Description of Item	Unit Administrator % (n=95)	Teaching Faculty % (n=528)	Total % (n=623)
1	19	Help students register	85.3	87.1	86.8
2	3	Monitor building maintenance	60.0	55.1	55.9
3	12	Schedule classes	56.8	52.7	53.3
4	45	Maintain accurate student records	35.8	38.4	38.0
5	17	Select new physical therapy students	22.1	28.8	27.8
6	2	Manage clerical staff	20.0	26.7	25.7
7	37	Advise students	25.3	25.4	25.4
8	32	Practice clinical physical therapy	24.2	25.2	25.0
9*	15	Assign graduate assistants	31.6	18.8	20.7
10*	13	Allocate facilities	29.5	17.2	19.1
11	26	Evaluate student research	12.6	17.8	17.0
12	8	Recruit students	6.3	16.1	14.6
13	36	Spearhead fund raising	14.7	11.2	11.7
14	7	Update physical therapy course content	4.2	12.7	11.4
15	30	Conduct personal research	3.2	8.7	7.9
16	44	Coordinate physical therapy department activities with outside groups	6.3	6.4	6.4
17	28	Motivate students	2.1	6.8	6.1
18*	5	Write grants	10.5	4.9	5.8
19	14	Procure research funding	7.4	5.1	5.5
20	27	Teach students	2.1	5.3	4.8
21	11	Determine course offerings	4.2	3.8	3.9
22	33	Carry responsibilities in Professional/Scientific Associations	3.2	3.2	3.2
23	22	Monitor success of graduates	2.1	3.0	2.9

TABLE 33, continued.

Rank	Item	Description of Item	Unit Administrator % (n=95)	Teaching Faculty % (n=528)	Total % (n=623)
24	42	Chair physical therapy department meetings	8.4	1.7	2.7
25	41	Plan physical therapy department meetings	5.3	2.1	2.6
26	16	Assign faculty work	2.1	1.9	1.9
27	4	Motivate faculty	3.2	1.3	1.6
28	10	Monitor academic standards	0.0	1.7	1.4
29	1	Develop long range program goals	1.1	1.1	1.1
30	6	Update the physical therapy course content	0.0	1.3	1.1
31	9	Set academic standards	0.0	1.3	1.1
32	34	Act as University/College advocate to faculty	2.1	.8	1.0
33	39	Manage conflict	0.0	.8	.6
34	29	Participate in committee work with the college/university	1.1	.4	.5
35	43	Provide for flow of information to faculty	2.1	.2	.5
36	24	Evaluate faculty performance to determine tenure and promotions	0.0	.6	.5
37	38	Maintain department morale	0.0	.6	.5
38	31	Act as faculty advocate to higher administration	1.1	.2	.3
39	40	Exhibit informal faculty leadership	1.1	.2	.3
40	20	Prepare the physical therapy department budget	0.0	.4	.3
41	21	Administer the department budget	0.0	.4	.3
42	25	Encourage faculty research and publications	0.0	.4	.3
		Recruit new faculty			
43	18	Monitor accreditation standards	0.0	.2	.2
44	35	Evaluate faculty performance to	0.0	.2	.2
45	23	determine raises	0.0	0.0	0.0

\* = Significant at &lt;.05 level.

**TABLE 34**  
**ANOVA RESULTS FOR ACADEMIC POSITION WHEN CONTROLLED FOR GENDER**  
**AND YEARS IN PHYSICAL THERAPY EDUCATION**

Item	Description	Administrator (n=66-68)		Teacher (n=387-396)		Total		F	Sig
		Mean	SD	Mean	SD	Mean	SD		
1	Develop long range program goals	6.31	1.28	6.45	.90	6.44	.97	1.70	.193
2	Manage clerical staff	4.46	1.65	3.86	1.61	3.95	1.62	2.63	.105
3	Monitor building maintenance	2.97	1.50	2.87	1.55	2.88	1.54	.10	.753
4	Motivate faculty	6.52	.64	6.18	1.03	6.23	.99	2.68	.103
5	Write grants	4.65	1.31	4.73	1.32	4.72	1.32	1.60	.206
6	Update the physical therapy curriculum	5.72	1.18	5.54	1.32	5.57	1.30	2.07	.151
7	Update physical therapy course content	4.96	1.14	4.07	1.62	4.20	1.59	16.74	.000*
8	Recruit students	4.63	1.37	4.02	1.57	4.11	1.55	5.39	.021*
9	Set academic standards	5.98	1.01	5.77	1.37	5.80	1.32	3.03	.083
10	Monitor academic standards	5.84	1.04	5.62	1.39	5.66	1.34	1.30	.256
11	Determine course offerings	4.65	1.12	4.51	1.43	4.53	1.39	3.81	.051
12	Schedule classes	3.35	1.75	3.04	1.72	3.09	1.73	.28	.599
13	Allocate facilities	4.43	1.77	4.22	1.79	4.25	1.79	.12	.728
14	Procure research funding	4.60	1.33	4.69	1.47	4.68	1.45	.77	.382
15	Assign graduate assistants	3.68	1.47	3.71	1.60	3.71	1.58	.22	.639
16	Assign faculty work	5.87	1.17	5.31	1.48	5.39	1.45	5.24	.022*
17	Select new physical therapy students	3.87	1.48	3.27	1.61	3.36	1.60	11.05	.001*
18	Recruit new faculty	6.24	.84	6.11	1.09	6.13	1.06	2.33	.127
19	Help students register	2.13	1.14	1.69	1.13	1.76	1.14	10.61	.001*
20	Prepare the physical therapy department budget	6.54	.95	6.49	.89	6.50	.90	.79	.376
21	Administer the department budget	6.21	.95	6.09	1.21	6.11	1.18	1.20	.275
22	Monitor success of graduates	5.20	1.26	4.89	1.48	4.93	1.45	1.13	.290
23	Evaluate faculty performance to determine raises	6.49	.82	6.34	1.00	6.36	.98	1.22	.270

**TABLE 34, continued.**

Item	Description	Administrator (n=66-68)		Teacher (n=387-396)		Total		F	Sig
		Mean	SD	Mean	SD	Mean	SD		
24	Evaluate faculty performance to determine tenure and promotions	6.63	.67	6.26	1.07	6.32	1.03	6.70	.010*
25	Encourage faculty research and publications	6.46	.78	6.27	.86	6.30	.85	.59	.442
26	Evaluate student research	4.02	1.15	3.75	1.41	3.79	1.38	1.32	.251
27	Teach students	5.07	1.23	4.33	1.42	4.44	1.42	9.50	.002*
28	Motivate students	5.37	1.34	4.86	1.52	4.93	1.51	4.57	.033*
29	Participate in committee work with the college/university	5.98	1.13	5.87	1.09	5.89	1.10	.00	.995
30	Conduct personal research	4.90	1.17	4.70	1.51	4.73	1.47	.73	.394
31	Act as faculty advocate to higher administration	6.81	.50	6.80	.53	6.80	.52	.17	.684
32	Practice clinical physical therapy	3.48	1.60	3.41	1.59	3.42	1.59	1.09	.297
33	Carry responsibilities in Professional/Scientific Associations.	5.47	1.16	5.28	1.26	5.31	1.25	.75	.387
34	Act as University/College advocate to faculty	6.18	.94	5.99	1.23	6.02	1.20	2.06	.152
35	Monitor accreditation standards	6.69	.65	6.45	.92	6.48	.89	3.08	.080
36	Spearhead fund raising	4.82	1.51	4.67	1.64	4.70	1.62	.04	.838
37	Advise students	3.98	1.39	3.53	1.48	3.60	1.48	6.24	.013*
38	Maintain department morale	6.40	.81	5.98	1.14	6.04	1.11	4.03	.045*
39	Manage conflict	6.34	.83	6.05	1.11	6.10	1.08	2.58	.109
40	Exhibit informal faculty leadership	6.34	.89	6.15	1.07	6.17	1.05	2.52	.113
41	Plan physical therapy department meetings	5.76	1.11	5.54	1.39	5.56	1.35	1.52	.218
42	Chair physical therapy department meetings	5.79	1.20	5.68	1.44	5.69	1.41	1.34	.247
43	Provide for flow of information to faculty	6.29	.83	6.29	1.04	6.29	1.01	.05	.822
44	Coordinate P. T. department activities with outside groups	4.94	1.26	4.72	1.40	4.75	1.38	.02	.891
45	Maintain accurate student records	3.79	1.64	3.55	1.90	3.58	1.86	.25	.616

\* = significant at &lt;.05 level.

**TABLE 35**

**MAIN EFFECT RESULTS FOR GENDER IN ACADEMIC POSITION X GENDER ANOVA**

Item	Description	Male (n=142)		Female (n=353)		Total		F	Sig
		Mean	SD	Mean	SD	Mean	SD		
1	Develop long range program goals	6.47	.86	6.44	1.00	6.45	.96	.06	.807
2	Manage clerical staff	4.12	1.60	3.90	1.65	3.96	1.64	1.63	.202
3	Monitor building maintenance	2.94	1.52	2.84	1.55	2.87	1.54	.01	.929
4	Motivate faculty	6.08	.98	6.29	.98	6.23	.98	1.42	.234
5	Write grants	4.67	1.32	4.78	1.31	4.75	1.32	3.24	.072
6	Update the physical therapy curriculum	5.61	1.28	5.50	1.34	5.53	1.32	.71	.399
7	Update physical therapy course content	4.46	1.60	4.08	1.58	4.19	1.59	2.27	.132
8	Recruit students	4.29	1.52	4.03	1.60	4.11	1.58	.43	.511
9	Set academic standards	5.70	1.38	5.84	1.29	5.80	1.32	.02	.902
10	Monitor academic standards	5.67	1.26	5.66	1.38	5.67	1.35	.36	.547
11	Determine course offerings	4.62	1.39	4.48	1.40	4.52	1.39	.89	.345
12	Schedule classes	3.44	1.75	2.95	1.68	3.09	1.71	1.81	.179
13	Allocate facilities	4.54	1.67	4.17	1.82	4.28	1.78	1.59	.208
14	Procure research funding	4.54	1.48	4.76	1.47	4.69	1.47	1.79	.181
15	Assign graduate assistants	3.86	1.51	3.68	1.58	3.73	1.56	.14	.712
16	Assign faculty work	5.27	1.52	5.48	1.42	5.42	1.45	1.03	.311
17	Select new physical therapy students	3.50	1.63	3.30	1.60	3.36	1.61	.20	.657
18	Recruit new faculty	6.16	1.06	6.15	1.03	6.15	1.04	.85	.357
19	Help students register	1.96	1.19	1.69	1.11	1.77	1.14	8.57	.004*
20	Prepare the physical therapy department budget	6.46	.89	6.52	.89	6.50	.89	.34	.562
21	Administer the department budget	6.19	1.08	6.07	1.20	6.10	1.16	3.27	.071
22	Monitor success of graduates	5.07	1.32	4.89	1.50	4.94	1.45	1.49	.224
23	Evaluate faculty performance to determine raises	6.19	1.04	6.44	.95	6.37	.98	3.30	.070

**TABLE 35, continued.**

Item	Description	Male ( <i>n</i> =142)		Female ( <i>n</i> =353)		Total		<i>F</i>	Sig
		Mean	SD	Mean	SD	Mean	SD		
24	Evaluate faculty performance to determine tenure and promotions	6.12	1.17	6.40	.96	6.32	1.03	5.67	.018*
25	Encourage faculty research and publications	6.18	.90	6.35	.86	6.30	.87	3.51	.062
26	Evaluate student research	3.95	1.38	3.72	1.37	3.79	1.37	.44	.509
27	Teach students	4.40	1.49	4.46	1.39	4.44	1.42	1.40	.237
28	Motivate students	4.89	1.56	4.93	1.48	4.92	1.50	.15	.695
29	Participate in committee work with the college/university	5.77	1.22	5.96	1.05	5.91	1.10	4.93	.027*
30	Conduct personal research	4.77	1.38	4.76	1.51	4.76	1.47	.48	.487
31	Act as faculty advocate to higher administration	6.70	.65	6.85	.44	6.81	.51	1.84	.176
32	Practice clinical physical therapy	3.76	1.57	3.31	1.58	3.44	1.59	6.34	.012*
33	Carry responsibilities in Professional/Scientific Associations.	5.12	1.28	5.39	1.24	5.31	1.26	2.08	.150
34	Act as University/College advocate to faculty	5.77	1.22	6.15	1.16	6.04	1.19	4.29	.039*
35	Monitor accreditation standards	6.45	.93	6.48	.89	6.47	.90	.00	.966
36	Spearhead fund raising	4.98	1.45	4.61	1.66	4.72	1.61	.91	.341
37	Advise students	3.63	1.44	3.55	1.49	3.58	1.48	.00	.978
38	Maintain department morale	5.94	1.08	6.08	1.11	6.04	1.10	2.22	.137
39	Manage conflict	6.04	1.05	6.12	1.07	6.10	1.06	.15	.700
40	Exhibit informal faculty leadership	5.96	1.17	6.29	.94	6.20	1.02	6.09	.014*
41	Plan physical therapy department meetings	5.58	1.30	5.59	1.38	5.59	1.35	.23	.629
42	Chair physical therapy department meetings	5.73	1.39	5.70	1.40	5.71	1.40	.33	.567
43	Provide for flow of information to faculty	6.17	.97	6.33	1.01	6.29	1.00	.51	.477
44	Coordinate P.T. department activities with outside groups	4.80	1.36	4.71	1.44	4.73	1.41	.90	.344
45	Maintain accurate student records	3.85	1.84	3.45	1.87	3.57	1.87	2.00	.158

\* = significant at .05 level.

**TABLE 36**
**MAIN EFFECT MEANS FOR YEARS IN PHYSICAL THERAPY EDUCATION IN ACADEMIC  
POSITION X YEARS IN PHYSICAL THERAPY EDUCATION ANOVA**

Item	Description	Low 0-9.9 (n=351)		Moderate 10- 19.9 (n=168)		High 20+ Up (n=80)		Total		F	Sig
		Mean	SD	Mean	SD	Mean	SD	Mean	SD		
1	Develop long range program goals	6.40	.97	6.47	.97	6.52	.99	6.44	.97	2.67	.070
2	Manage clerical staff	3.77	1.60	4.11	1.68	4.36	1.54	3.94	1.63	2.32	.100
3	Monitor building maintenance	2.78	1.53	2.90	1.53	3.08	1.45	2.83	1.52	.77	.462
4	Motivate faculty	6.13	1.06	6.39	.84	6.49	.73	6.25	.97	2.92	.055
5	Write grants	4.68	1.32	4.74	1.34	4.81	1.20	4.72	1.31	.11	.892
6	Update the physical therapy curriculum	5.59	1.28	5.46	1.33	5.50	1.23	5.54	1.29	.74	.476
7	Update physical therapy course content	4.17	1.64	4.10	1.47	4.44	1.48	4.19	1.58	.76	.469
8	Recruit students	4.05	1.57	4.17	1.63	4.35	1.51	4.12	1.58	.26	.774
9	Set academic standards	5.83	1.31	5.71	1.35	5.82	1.31	5.80	1.32	.12	.885
10	Monitor academic standards	5.67	1.31	5.58	1.44	5.84	1.17	5.67	1.33	.83	.436
11	Determine course offerings	4.63	1.34	4.41	1.33	4.39	1.45	4.54	1.36	.25	.778
12	Schedule classes	3.03	1.73	3.03	1.79	3.19	1.59	3.05	1.73	.23	.798
13	Allocate facilities	4.22	1.77	4.24	1.90	4.59	1.78	4.27	1.81	2.20	.111
14	Procure research funding	4.63	1.43	4.65	1.45	4.84	1.48	4.66	1.44	.76	.467
15	Assign graduate assistants	3.69	1.57	3.71	1.58	4.00	1.54	3.74	1.57	1.64	.194
16	Assign faculty work	5.37	1.41	5.61	1.48	5.53	1.46	5.46	1.44	1.96	.142
17	Select new physical therapy students	3.38	1.61	3.18	1.53	3.30	1.54	3.31	1.58	.62	.538
18	Recruit new faculty	6.06	1.07	6.19	1.06	6.11	1.09	6.10	1.07	1.09	.337
19	Help students register	1.73	1.12	1.81	1.19	1.84	1.13	1.77	1.14	.58	.561
20	Prepare the physical therapy department budget	6.51	.81	6.55	.97	6.48	.99	6.51	.88	2.36	.095
21	Administer the department budget	6.16	1.09	5.99	1.33	6.15	1.29	6.11	1.19	.12	.890
22	Monitor success of graduates	4.86	1.40	4.84	1.58	5.10	1.31	4.89	1.44	.34	.713
23	Evaluate faculty performance to determine raises	6.37	.96	6.39	.97	6.50	.86	6.39	.95	1.33	.266

**TABLE 36, continued.**

Item	Description	Low 0-9.9 (n=351)		Moderate 10-19.9 (n=168)		High 20+ Up (n=80)		Total		F	Sig
		Mean	SD	Mean	SD	Mean	SD	Mean	SD		
24	Evaluate faculty performance to determine tenure and promotions	6.33	1.01	6.37	.95	6.43	.98	6.35	.99	.07	.929
25	Encourage faculty research and publications	6.19	.92	6.44	.76	6.45	.84	6.30	.88	2.09	.125
26	Evaluate student research	3.78	1.37	3.82	1.35	3.85	1.54	3.80	1.39	.12	.884
27	Teach students	4.37	1.35	4.38	1.48	4.70	1.42	4.42	1.40	.83	.438
28	Motivate students	4.90	1.47	4.79	1.62	5.27	1.34	4.92	1.50	1.09	.335
29	Participate in committee work with the college/university	5.87	1.10	5.94	1.06	5.92	1.08	5.89	1.08	1.13	.325
30	Conduct personal research	4.67	1.52	4.74	1.42	4.65	1.40	4.69	1.47	.38	.683
31	Act as faculty advocate to higher administration	6.81	.54	6.83	.49	6.71	.75	6.80	.56	1.75	.174
32	Practice clinical physical therapy	3.54	1.58	3.22	1.51	3.30	1.59	3.42	1.56	2.70	.068
33	Carry responsibilities in Professional/Scientific Associations.	5.30	1.24	5.21	1.22	5.28	1.27	5.27	1.24	.47	.626
34	Act as University/College advocate to faculty	6.09	1.14	6.01	1.24	5.98	1.17	6.05	1.17	.52	.592
35	Monitor accreditation standards	6.48	.89	6.42	.97	6.56	.78	6.47	.90	.42	.658
36	Spearhead fund raising	4.72	1.59	4.54	1.70	4.95	1.66	4.70	1.63	.76	.470
37	Advise students	3.61	1.46	3.43	1.45	3.55	1.53	3.55	1.46	1.70	.184
38	Maintain department morale	5.98	1.13	6.13	1.08	6.25	.97	6.06	1.10	2.06	.128
39	Manage conflict	6.09	1.04	6.14	1.08	6.26	1.05	6.13	1.05	.43	.650
40	Exhibit informal faculty leadership	6.24	.99	6.16	1.03	6.13	1.44	6.20	1.02	.57	.566
41	Plan physical therapy department meetings	5.64	1.30	5.50	1.41	5.30	1.41	5.55	1.35	1.91	.149
42	Chair physical therapy department meetings	5.77	1.35	5.54	1.43	5.44	1.53	5.66	1.40	1.00	.370
43	Provide for flow of information to faculty	6.28	1.03	6.35	.87	6.14	1.22	6.28	1.02	2.51	.082
44	Coordinate physical therapy department activities with outside groups	4.67	1.42	4.83	1.36	5.09	1.25	4.77	1.39	.77	.466
45	Maintain accurate student records	3.55	1.81	3.54	1.82	3.92	1.96	3.60	1.84	.48	.617

\* = significant at .05 level.



TABLE 37

**MAIN EFFECT MEANS FOR PROGRAM SIZE IN ACADEMIC POSITION X  
PROGRAM SIZE 2-WAY ANOVA**

Item	Description	Small Mean	(n=203) SD	Medium mean	(n=238) SD	Large Mean	(n=70) SD	Total Mean	SD	F	Sig
1a	Develop long range program goals	6.32a	1.09	6.50a,b	.91	6.60b	.86	6.45	.97	5.22	.006*
2	Manage clerical staff	4.13b	1.61	4.05b	1.60	2.94a	1.48	3.95	1.63	15.47	.000*
3	Monitor building maintenance	2.92	1.58	2.85	1.51	2.71	1.40	2.86	1.52	.34	.715
4	Motivate faculty	6.21	1.04	6.27	.91	6.44	.75	6.27	.94	.84	.431
5	Write grants	4.77	1.33	4.64	1.32	5.00	1.25	4.73	1.32	1.00	.369
6	Update the physical therapy curriculum	5.61	1.33	5.60	1.28	5.01	1.30	5.33	1.31	2.77	.064
7	Update physical therapy course content	4.31	1.57	4.20	1.59	3.91	1.64	4.21	1.59	.84	.432
8	Recruit students	4.11	1.55	4.17	1.59	3.90	1.76	4.12	1.59	1.07	.345
9	Set academic standards	5.78	1.31	5.83	1.29	5.76	1.37	5.81	1.31	.66	.516
10	Monitor academic standards	5.64	1.38	5.75	1.27	5.56	1.45	5.69	1.33	.77	.462
11	Determine course offerings	4.71b	1.32	4.53b	1.43	4.14a	1.27	4.54	1.38	3.10	.046*
12	Schedule classes	3.37b	1.76	3.08b	1.74	2.30a	1.40	3.09	1.74	8.19	.000*
13	Allocate facilities	4.37	1.69	4.24	1.88	4.63	1.85	4.33	1.81	.68	.505
14	Procure research funding	4.76	1.42	4.57	1.49	4.94	1.43	4.68	1.47	1.27	.283
15	Assign graduate assistants	3.82	1.59	3.77	1.63	3.59	1.40	3.77	1.59	.34	.715
16	Assign faculty work	5.34	1.53	5.53	1.40	5.64	1.40	5.48	1.45	.25	.779
17	Select new physical therapy students	3.55b	1.56	3.32b	1.62	2.86a	1.47	3.35	1.59	4.48	.012*
18	Recruit new faculty	6.09	1.07	6.11	1.05	6.13	1.08	6.11	1.06	1.33	.264
19	Help students register	1.85	1.23	1.79	1.13	1.50	.86	1.77	1.14	1.82	.163
20	Prepare the physical therapy department budget	6.59	.71	6.48	.95	6.61	.84	6.53	.86	.43	.651
21	Administer the department budget	6.21	1.05	6.11	1.23	5.96	1.30	6.13	1.18	.32	.727
22	Monitor success of graduates	4.89	1.50	4.89	1.42	4.88	1.51	4.89	1.46	.66	.519
23	Evaluate faculty performance to determine raises	6.29	1.00	6.46	.91	6.64	.72	6.42	.93	1.67	.189

**TABLE 37, continued.**

Item	Description	Small Mean	(n=203) SD	Medium mean	(n=238) SD	Large Mean	(n=70) SD	Total Mean	SD	F	Sig
24	Evaluate faculty performance to determine tenure and promotions	6.31	.97	6.37	1.00	6.65	.80	6.39	.97	2.54	.079
25	Encourage faculty research and publications	6.22	.95	6.33	.83	6.57	.71	6.32	.86	2.84	.059
26	Evaluate student research	3.95	1.39	3.76	1.35	3.59	1.56	3.80	1.39	.01	.987
27	Teach students	4.52	1.38	4.48	1.47	4.19	1.22	4.46	1.41	1.65	.192
28	Motivate students	5.00	1.48	4.92	1.49	4.74	1.47	4.93	1.48	.61	.544
29	Participate in committee work with the college/university	5.95	1.00	5.92	1.13	6.01	1.05	5.94	1.08	.12	.884
30	Conduct personal research	4.79	1.48	4.59	1.49	5.03	1.43	4.71	1.48	1.16	.316
31	Act as faculty advocate to higher administration	6.81	.56	6.81	.51	6.90	.52	6.82	.53	3.52	.030*
32	Practice clinical physical therapy	3.64	1.32	3.43	1.58	3.11	1.56	3.46	1.57	1.32	.267
33	Carry responsibilities in Professional/Scientific Associations	5.17a	1.29	5.34a	1.20	5.70b	1.11	5.32	1.23	5.57	.004*
34	Act as University/College advocate to faculty	6.14	1.09	6.02	1.20	6.27	1.23	6.09	1.16	1.63	.197
35	Monitor accreditation standards	6.56	.78	6.50	.84	6.33	1.30	6.50	.89	.26	.768
36	Spearhead fund raising	4.36	1.73	4.76	1.59	4.96	1.44	4.73	1.62	1.31	.271
37	Advise students	3.67b	1.47	3.61b	1.45	2.89a	1.46	3.55	1.48	5.39	.005*
38	Maintain department morale	6.07	1.02	6.07	1.09	6.21	1.13	6.09	1.07	.51	.603
39	Manage conflict	6.10	.98	6.16	1.07	6.34	.87	6.16	1.02	1.23	.292
40	Exhibit informal faculty leadership	6.22	.91	6.21	1.05	6.50	.79	6.25	.98	1.62	.198
41	Plan physical therapy department meetings	5.60	1.33	5.66	1.32	5.23	1.42	5.59	1.34	1.71	.183
42	Chair physical therapy department meetings	5.64	1.41	5.77	1.36	5.51	1.48	5.70	1.39	1.00	.390
43	Provide for flow of information to faculty	6.32	1.00	6.29	1.00	6.19	1.00	6.29	1.00	.94	.393
44	Coordinate physical therapy department activities with outside groups	4.92	1.36	4.76	1.41	4.45	1.56	4.78	1.41	.52	.595
45	Maintain accurate student records	3.86b	1.89	3.61b	1.83	2.98a	1.78	3.62	1.86	3.10	.046*

\* = Significant at <.05 level

a,b = letters indicating homogeneous subsets.

**TABLE 38**  
**MAIN EFFECT RESULTS FOR DEPARTMENT CHAIR SELECTION IN ACADEMIC**  
**POSITION X DEPARTMENT CHAIR SELECTION ANOVA**

Item	Description	Promoted from Within ( <i>n</i> =356)		Hired from External ( <i>n</i> =229)		Total		<i>F</i>	Sig
		Mean	SD	Mean	SD	Mean	SD		
1a	Develop long range program goals	6.45	.93	6.42	1.03	6.44	.97	2.25	.134
2	Manage clerical staff	3.84	1.62	4.04	1.65	3.92	1.63	.41	.522
3	Monitor building maintenance	2.73	1.49	2.98	1.56	2.83	1.52	2.48	.116
4	Motivate faculty	6.20	1.01	6.26	.95	6.22	.99	.04	.835
5	Write grants	4.71	1.33	4.78	1.26	4.73	1.31	.07	.789
6	Update the physical therapy curriculum	5.44	1.27	5.73	1.30	5.55	1.29	.81	.369
7	Update physical therapy course content	4.06	1.53	4.44	1.58	4.21	1.56	2.88	.090
8	Recruit students	4.07	1.59	4.17	1.60	4.11	1.59	2.72	.160
9	Set academic standards	5.81	1.31	5.83	1.25	5.82	1.28	.02	.880
10	Monitor academic standards	5.64	1.34	5.78	1.30	5.69	1.33	1.98	.100
11	Determine course offerings	4.46	1.34	4.66	1.38	4.54	1.36	1.00	.318
12	Schedule classes	2.79	1.63	3.48	1.78	3.06	1.72	10.22	.001*
13	Allocate facilities	4.19	1.82	4.46	1.72	4.29	1.78	.05	.816
14	Procure research funding	3.59	1.45	3.97	1.37	3.74	1.42	8.57	.004*
15	Assign graduate assistants	4.65	1.55	3.43	1.56	4.72	1.56	1.11	.293
16	Assign faculty work	5.47	1.46	4.45	1.38	5.46	1.43	.45	.502
17	Select new physical therapy students	3.32	1.60	3.45	1.62	3.37	1.61	.92	.337
18	Recruit new faculty	6.08	1.05	6.14	1.04	6.11	1.05	.15	.699
19	Help students register	1.68	1.06	2.00	1.32	1.81	1.18	4.90	.027*
20	Prepare the physical therapy department budget	6.45	.93	6.59	.71	6.51	.85	.61	.434
21	Administer the department budget	5.99	1.23	6.22	1.12	6.08	1.19	1.74	.188
22	Monitor success of graduates	4.85	1.42	4.95	1.49	4.89	1.45	.00	.990
23	Evaluate faculty performance to determine raises	6.40	.94	6.38	.99	6.39	.96	.05	.823

**TABLE 38, continued.**

Item	Description	Promoted from Within ( <i>n</i> =356)		Hired from External ( <i>n</i> =229)		Total		<i>F</i>	Sig
		Mean	SD	Mean	SD	Mean	SD		
24	Evaluate faculty performance to determine tenure and promotions	6.35	1.01	6.33	.96	6.34	.99	.06	.800
25	Encourage faculty research and publications	6.31	.90	6.29	.89	6.30	.90	.16	.692
26	Evaluate student research	3.74	1.37	3.95	1.40	3.82	1.38	.34	.560
27	Teach students	4.46	1.42	4.37	1.38	4.43	1.40	.76	.385
28	Motivate students	4.94	1.53	4.87	1.44	4.91	1.49	.00	.979
29	Participate in committee work with the college/university	5.89	1.10	5.91	1.08	5.90	1.09	.31	.577
30	Conduct personal research	4.83	1.48	4.60	1.44	4.74	1.47	1.91	.168
31	Act as faculty advocate to higher administration	6.82	.56	6.77	.57	6.80	.56	.57	.450
32	Practice clinical physical therapy	3.46	1.58	3.42	1.52	3.44	1.55	2.90	.089
33	Carry responsibilities in Professional/Scientific Assoc	5.32	1.22	5.25	1.26	5.29	1.24	.15	.699
34	Act as University/College advocate to faculty	6.08	1.15	6.05	1.16	6.07	1.15	.17	.684
35	Monitor accreditation standards	6.44	.92	6.48	.93	6.46	.92	.01	.925
36	Spearhead fund raising	4.66	1.65	4.77	1.56	4.70	1.62	.02	.902
37	Advise students	3.64	1.47	3.37	1.46	3.53	1.47	3.99	.046*
38	Maintain department morale	6.08	1.05	6.01	1.15	6.05	1.09	1.86	.173
39	Manage conflict	6.12	1.04	6.14	1.04	6.13	1.04	.85	.356
40	Exhibit informal faculty leadership	6.25	1.02	6.18	.99	6.22	1.00	.44	.505
41	Plan physical therapy department meetings	5.59	1.33	5.56	1.43	5.58	1.37	.11	.741
42	Chair physical therapy department meetings	5.75	1.36	5.66	1.43	5.71	1.39	3.08	.080
43	Provide for flow of information to faculty	6.30	.97	6.29	1.03	6.30	1.00	.32	.575
44	Coordinate physical therapy department activities with outside groups	4.67	1.48	4.91	1.33	4.76	1.42	1.11	.292
45	Maintain accurate student records	3.52	1.83	3.79	1.84	3.62	1.84	.04	.844

\* = Significant at <.05 level

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